

MCMC

IRO Medical Dispute Resolution M2 Prospective Medical Necessity IRO Decision Notification Letter

Date:	03/14/2006
Injured Employee:	___
Address:	
MDR #:	M2-06-0786-01
DWC #:	
MCMC Certification #:	IRO 5294

REQUESTED SERVICES:

Please review the item(s) in dispute: Pre-authorization request for repeat lumbar MRI without contrast.

DECISION: Upheld

IRO MCMCllc (MCMC) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO) to render a recommendation regarding the medical necessity of the above disputed service.

Please be advised that a MCMC Physician Advisor has determined that your request for an M2 Prospective Medical Dispute Resolution on 03/14/2006, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The repeat MRI of the lumbar spine without contrast is not medically necessary.

CLINICAL HISTORY:

This 45-year-old female allegedly injured her low back on ___ when she slipped and fell. She was treated for a lumbar strain with medications, physical therapy (PT) and chiropractic care. She continued to complain of pain and had an MRI study on 01/27/2004 that revealed an extruded disc on the right at L4/5.

REFERENCE:

The Spine. Orthopedic Knowledge Update by AAOS, 2002.

RATIONALE:

The injured individual continued to complain of pain and apparently a second MRI study (unknown date) revealed the same herniation that was larger. She underwent a hemilaminectomy and discectomy at L4/5 on 06/08/2005 performed by Dr. Zolfoghary. A subtotal right facetectomy was performed to expose the nerve root.

Post-operatively she continued to complain of pain in her back and right leg despite the use of medications and therapy. On 11/03/2005 she complained of excruciating pain that was aggravated by the work-conditioning program. Despite the absence of objective clinical findings commensurate with her level of pain she was kept at total disability status.

On 12/01/2005 she complained of severe cramps in her right leg. She was taking Vicodin and other medications. There is no documentation of a detailed physical examination of the spine and lower extremities. There is no documentation of a well-defined radiculopathy or neurological changes to warrant any imaging studies.

The clinical data suggest that her complaints are out of proportion to the essentially normal clinical examination. In fact the notes from September to December 2005 do not describe a specific radiculopathy. There is also no documentation of a detailed physical examination. There is primarily a listing of all her complaints and difficulties. She has mainly subjective complaints and limitations.

RECORDS REVIEWED:

- MR-117 dated 02/15/06
- DWC-60
- MCMC: IRO Medical Dispute Resolution Prospective dated 02/22/06
- MCMC: IRO Acknowledgment and Invoice Notification Letter dated 02/15/06
- Advance Treatment Clinic: Letter of Medical Necessity for a post-op MRI dated 01/11/06 from Dr. Jonathan Twigg, D.C.
- Harris & Harris Attorneys At Law: Letter dated 02/22/06 from Robert Josey
- CorVel: Pre-Authorization Determinations dated 01/23/06, 01/17/06
- Avance Treatment Clinic: Letter dated 04/13/05 from Jonathan Twigg, D.C.
- CorVel: Letters dated 01/16/06, 01/20/05
- K. Zolfoghary, M.D.: Letter dated 12/01/05
- K. Zolfoghary, M.D.: Progress Notes dated 09/22/05, 11/03/05, 12/01/05
- Providence Memorial Hospital: Operative Report/Procedure dated 06/08/05 from Khosrow Zolfoghary, M.D.

The reviewing provider is a Licensed/Boarded Orthopedic Surgeon and certifies that no known conflict of interest exists between the reviewing Orthopedic Surgeon and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for decision prior to referral to the IRO. The reviewing physician is on DWC's Approved Doctor List.

Your Right To Appeal

If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.

If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code §413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision.

This decision is deemed received by you 5 (five) days after it was mailed (28Tex.Admin. Code 102.4(h)(2) or 102.5(d)). A request for a hearing **and a copy of this decision** should be sent to:

Chief Clerk of Proceedings / Appeals Clerk
Texas Department of Insurance Division of Workers' Compensation
P.O. Box 17787
Austin, Texas, 78744
Fax: 512-804-4011

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

In accordance with commission rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U. S. Postal Service from the office of the IRO on this

14th day of March 2006.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____