

MCMC

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

Date:	04/21/2006
Injured Employee:	
Address:	
MDR #:	M2-06-0939-01
DWC #:	
MCMC Certification #:	IRO 5294

REQUESTED SERVICES:

Please review the item(s) in dispute: Anterior interbody fusion L4-L5, additional level L5-S1, retroperitoneal exposure and discectomy L4-L5; additional level L5-S1, anterior interbody fixation L4-L5; additional level L5-S1, posterior decompression L4-L5, additional level L5-S1, transverse process fusion L4-L5, additional level L5-S1, posterior internal fixation L4-S1, bone graft allograft, bone graft allograft in situ, bone graft, auto graft iliac crest, bone marrow aspirate.

DECISION: Upheld

IRO MCMC llc (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 04/21/2006, concerning the medical necessity of the above referenced requested service, hereby finds the following:

Anterior interbody fusion L4-L5, additional level L5-S1, retroperitoneal exposure and discectomy L4-L5, additional level L5-S1, anterior interbody fixation L4-L5; additional level L5-S1, posterior decompression L4-L5, additional level L5-S1, transverse process fusion L4-L5, additional level L5-S1, posterior internal fixation L4-S1, bone graft allograft, bone graft allograft in situ, bone graft, autograft iliac crest, bone marrow aspirate are not medically necessary.

CLINICAL HISTORY:

This 33-year-old male was allegedly injured on _____ when his vehicle was rear-ended. He claimed to have injured his neck, low back and left knee.

REFERENCE:

Current concepts review: Lumbar Arthrodesis for the treatment of Back Pain: Hanley, E.N. and David, S.M. JBJS 81: 716-730, 1999.

RATIONALE:

The injured individual underwent an anterior cervical decompression and fusion (ACDF) at C3/4 on 04/19/2004, and a decompression and rotator cuff repair on the right shoulder in October 2005. He consulted Dr. Henderson on 07/22/2005.

The MRI study of 07/26/05 revealed multilevel disc bulges with desiccation from L4 to S1 and a conjoined nerve root on the left at L5/S1 level. Flexion/extension x-rays did not reveal any instability. The patient received a series of epidural steroid injections (ESIs) as recommended by Dr. Henderson.

A discogram study was requested and denied based on the lack of clinical and imaging data to substantiate invasive treatment. The submitted clinical and imaging data fail to substantiate the need for a two-level anterior and posterior fusion based on the essentially equivocal MRI findings. Furthermore, it is unlikely that the motor vehicle accident (MVA) that occurred in 1993 could have resulted in the disc bulges and desiccation since the changes are commensurate with the natural aging process.

The very extensive description of the proposed procedure essentially lists each of the various steps involved in exposing the fusion site and the arthrodesis with instrumentation. The submitted data does not include objective clinical and imaging data of sufficient magnitude to warrant the proposed surgical procedures. The available data provided for review only permits this recommendation.

RECORDS REVIEWED:

- Notification of IRO Assignment dated 03/24/06
- MR-117 dated 03/24/06
- DWC-60
- MCMC: IRO Medical Dispute Resolution Prospective dated 04/04/06
- MCMC: IRO Acknowledgment and Invoice Notification Letter dated 03/24/06
- St. Paul Travelers: Letter dated 03/29/06 from Troy Arrington, CI Rep
- St. Paul Travelers: Notification of an Independent Review Organization Assignment fax sheet dated 03/27/06
- MCMC: Invoice dated 03/27/06
- St. Paul Travelers: Letter dated 03/07/06 from Kathy Walicek
- St. Paul Travelers: Utilization Review dated 02/23/06 from Tina Hawes, LVN, Case Manager
- St. Paul Travelers: Utilization Review dated 02/15/06 from Melissa Ellington, Medical Case Manager

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

21st day of **April** 2006.

Signature of IRO Employee: _____

Printed Name of IRO Employee: **Beth Cucchi**_____