

MCMC

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

Date:	05/17/2006
Injured Employee:	
Address:	
MDR #:	M2-06-1027-01
DWC #:	
MCMC Certification #:	IRO 5294

REQUESTED SERVICES:

Please review the item(s) in dispute: Pre-authorization denied for lumbar epidural steroid injection (ESI) with fluoroscopy (CPT 76005) and intravenous (IV) sedation (CPT 00630).

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 05/16/2006, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The lumbar epidural steroid injection (ESI) with fluoroscopy (CPT 76005) and intravenous (IV) sedation (CPT 00630) are not medically necessary.

CLINICAL HISTORY:

The injured individual is a 25 year old male with date of injury_____. He was seen initially by Dr. Shalev in 02/2006 with complaints of bilateral back pain without radiation. His pain increased with extension more than with flexion. He had physical therapy (PT) which increased his pain. The MRI of 11/2005 showed herniated nucleus propulsus (HNP) L4-S1 and electromyogram (EMG) of 12/2005 showed left L5/S1 radiculopathy. On physical exam he had pain with flexion and extension, straight leg raise (SLR) was negative, Patrick/Fabere was negative, piriformis was positive on the right. He had tenderness over the facets and sacroiliac (SI) joint. The remainder of the neurological exam was essentially normal. The physician felt he had multiple pain generators but recommended ESIs as the first line of treatment. These were denied twice before.

REFERENCES:

- Bonica's Management of Pain. Third edition. Copyright 2000.
- Practical Management of Pain by P. Raj. Copyright 2000.
- Corlandt Forum 2001 May;159(15):"Steroids and Disc Herniation". Crowell RM.
- Cochrane Database Syst Rev 2005 Apr;2;CD000319: "Medicinal and injection therapies for mechanical neck disorders" Peloso P.
- ACOEM Guidelines pg 300 chap 12. 6. Rev Med Liege 2004 Oct;59(10):557-64 "Indications for epidural steroids in back pain and radiculopathy" Fontaine R.

RATIONALE:

While the injured individual has MRI and EMG findings to suggest discogenic pathology, his clinical exam is relatively devoid of this as he has no radicular findings or complaints or neurologic changes. The efficacy of an ESI is greatest in the setting of radicular findings. That is not the case here. The physician is probably correct to suspect there may be other pain generators like the facet joints and these should be investigated.

RECORDS REVIEWED:

- Notification Of IRO Assignment dated 04/03/06
- MR-117 dated 04/03/06
- DWC-60
- MCMC: IRO Medical Dispute Resolution Prospective dated 05/02/06
- MCMC: IRO Acknowledgment and Invoice Notification Letter dated 04/04/07
- GBMCS: Notifications of Appeal Outcome dated 02/27/06, 02/16/06
- Progress notes (handwritten) dated 02/22 through 03/07
- Southwestern Pain Institute: Preauthorization Request Form dated 02/08/06
- Southwestern Pain Institute: Report dated 02/02/06 from Daniel Shalev, M.D.
- Physician Progress Reports (handwritten) dated 01/17/06, 01/03/06
- Kathy Toler, M.D.: Lower Extremity EMG and NCV Report (handwritten) dated 12/07/05
- S. J. Kechejian, M.D.: MRI lumbar spine dated 11/14/05
- S. J. Kechejian, M.D.: Lumbar spine radiographs dated 10/17/05
- S. J. Kechejian, M.D.: WC Initial Evaluation dated 10/11/05 from Robert Silva, M.D.

The reviewing provider is a **Licensed/Boarded Pain Management/Anesthesiologist** and certifies that no known conflict of interest exists between the reviewing **Pain Management/Anesthesiologist** 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

17th day of MAY 2006.

Signature of IRO Employee: _____

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