

# MCMC

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

<b>Date:</b>	<b>06/28/2006</b>
<b>Injured Employee:</b>	
<b>Address:</b>	
<b>MDR #:</b>	<b>M2-06-1453-01</b>
<b>DWC #:</b>	
<b>MCMC Certification #:</b>	<b>IRO 5294</b>

### REQUESTED SERVICES:

Please review the item(s) in dispute: Pre-authorization denied for C5-6 anterior cervical diskectomy (ACDF) with fusion plates, and Bengal Cage.

### DECISION: Upheld

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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 06/28/2006, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The ACDF at C5/6 with fusion plates and the Bengal cage is not medically necessary.

### CLINICAL HISTORY:

This 44-year-old male, a firefighter, was carrying a heavy person out of a burning house on \_\_\_\_\_, when he tripped and fell against a wall. He was treated for neck pain that apparently extended to his left elbow.

He was evaluated several times by Dr. Veggeberg (PMR) between 11/2004 and 08/2005. He had no evidence of a focal neurological deficit. The MRI apparently only revealed a diffuse disc protrusion at C5/6, slightly prominent to the left, with mild left foraminal stenosis.

Dr. Veggeberg interpreted the MRI as revealing a ruptured disc and placed him on an “aggressive” exercise program. He was also treated with epidural steroid injections (ESIs) even though he had no objective clinical findings of nerve root compression or irritation.

Dr. Cone, Neurosurgeon, evaluated him on 12/27/2004 and did not find a surgical lesion. He stated that there was a moderate central herniated nucleus propulsus (HNP) at C5/6 slightly lateralized to the left. The MRI scan revealed a Grade I spondylolisthesis at L4/5 resulting in a moderate stenosis at this level. He was known to have pars defects bilaterally at L4 level.

Dr. Blumenthal evaluated him on 03/09/2005 for low back pain, neck pain and left arm pain. He was said to have instability at L4/5 on flexion/extension x-rays. However, the note does not document the actual measured instability. The injured individual had congenital pars defect and for a Grade I spondylolisthesis did not require any intervention beyond symptomatic treatment. Despite the standard of care, on 05/04/2005, Dr. Cone performed posterolateral fusion, laminectomy and pedicle screw instrumentation with “fusion putty”.

**REFERENCE:**

- False positive findings on lumbar discography: reliability of subjective concordance assessment during provocative disc injections: Carragee, E.J., et al. Spine (1999) 24: 2542-2547.
- The Cervical Spine: Chapter 12: Cervical discography, 205-216.

**RATIONALE:**

A Myelogram/CT scan on 11/10/2005 revealed a negative myelogram. The post myelogram CT scan only revealed “very mild” degenerative changes at C5/6 unchanged from the CT scan of 02/2005. An MRI study on 11/10/2005 apparently revealed a very minimal posterior disc bulge without stenosis.

A discogram done at only one level on 01/10/2006 apparently revealed neck and arm pain with some extravasation of contrast. There were several requests for surgical treatment based on these findings.

The injured individual’s imaging studies have failed to reveal an organic lesion in the cervical spine to warrant any invasive treatment. The clinical data submitted for review included the previous reviews, the operative note of 05/04/2005 that describes the laminectomy and fusion with instrumentation at L4 (Gill procedure) for a diagnosis of Grade 1 spondylolisthesis and bilateral pars defects at L4 level.

There is an MRI report of his brain (dated 07/20/2005) that was normal. The remaining notes are physical therapy (PT) notes that document the therapy provided after his lumbar surgery.

The MRI study of 11/10/2005 revealed no evidence of neural compromise in the cervical spine. There were very mild degenerative changes at C5/6. A one level discogram was done on 01/10/2006 and was said to be positive with posterior and left sided extravasation of contrast.

The submitted data does not document any objective clinical findings related to the cervical spine. The imaging studies all revealed extremely small disc bulge and “very mild degenerative changes at C5/6” level that did not produce any canal or foraminal stenosis.

Dr. Cesar, neurosurgeon, evaluated him on 02/02/2006 and on the basis of the MRI, myelogram/CT scan and one-level discogram, concluded he was a candidate for an ACDF. The injured individual complained of 7/10 level of neck pain that improved with lying down. He had some radiation to the left shoulder in the C5 distribution.

A discogram study has no clinical relevance unless there is at least one pain-free normal disc that would provide a means of confirming the validity of a positive painful response at another level. There is no documentation of any neurological deficit or localizing signs nor are there any findings on the imaging studies of sufficient magnitude that would warrant any type of invasive treatment.

**RECORDS REVIEWED:**

- Notification of IRO Assignment dated 06/09/05
- MR-117 dated 06/09/05
- DWC-60
- MCMC: IRO Medical Dispute Resolution Prospective dated 06/16/06
- MCMC: IRO Acknowledgment and Invoice Notification Letter dated 06/09/06
- Forte: Letter dated 06/13/06 from Joel Wilk, M.D.
- MCMC: Statement dated 06/09/06
- City of Amarillo: Letter dated 06/15/06 from Jim Smith, Assistant Director of Human Resources and Claims Administrator
- Forte: Notices of Utilization Review Findings dated 02/15/06, 05/08/05, 04/04/05
- Brain & Spine Surgery: Initial Visit dated 02/02/06 from Luiz Cesar, M.D.
- Northwest Texas Healthcare System: CT C-spine and diskogram C-spine dated 01/10/06, MRI C-spine dated 11/10/05, L-spine radiographs dated 06/17/05, cervical myelogram dated 02/16/05, MRI C-spine dated 11/04/04
- Follow-up evaluation notes (handwritten) dated 12/08/05, 08/02/05, 06/21/05, 03/03/05
- Northwest Texas Healthcare System: Letter dated 10/10/05 from Melanie King
- Jeffrey D. Cone, M.D.: Phone Message Notes dated 09/01/05
- Northwest Texas Healthcare System: Outpatient Physical Therapy-Discharge Record dated 08/30/05
- Nwth: Physical Therapy Exercise/Key Progress Indicator dated 08/09/05 through 08/30/05
- Northwest Texas Healthcare systems: Outpatient Physical Therapy Progress Note dated 08/18/05
- Northwest Texas Hospital: Outpatient Physical Therapy Evaluation/Re-Evaluation-Lumbar dated 08/03/05
- Nwth Physical Therapy Treatment Records dated 08/03/05 through 08/30/05
- Northwest Texas Hospital: MRI brain dated 07/20/05, CT cervical spine dated 02/17/05

- Northwest Texas Healthcare System: Operative Report dated 05/04/05 from Jeffrey Cone, M.D.
- Northwest Texas Hospitals: Referral form dated 06/21/05
- Jeffrey D. Cone, M.D.: Prescription note dated 05/09/05
- Texas Back Institute: History and Physical dated 03/09/05 from Jessica Kouyomjian, P.A.C.
- High Plains Rehabilitation Association: Procedure Note dated 01/27/05 from Neil Veggeberg, M.D.
- BSA Health System: Epidural Steroid Injection notes dated 01/18/06, 12/16/04
- Texas Back Institute: Radiology Review dated 03/09/05
- Jeffrey D. Cone, M.D.: Letter dated 12/27/04
- New Patient Evaluation (handwritten) dated 12/23/04
- High Plains Rehabilitation Association: Follow-Up Examinations dated 11/22/04, 02/24/04 from Neil Veggeberg, M.D.
- High Plains Rehabilitation Association: New Patient Evaluation dated 11/02/04 from Neil Veggeberg, 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**

**28<sup>th</sup> day of \_\_\_\_\_ June \_\_\_\_\_ 2006.**

**Signature of IRO Employee:** \_\_\_\_\_

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