

MCMC

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

Date:	07/13/2006
Injured Employee:	
Address:	
MDR #:	M2-06-1454-01
DWC #:	
MCMC Certification #:	IRO 5294

REQUESTED SERVICES:

Please review the item(s) in dispute: Pre-authorization denied for bilateral L3-4, L5-S1 median branch block.

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 07/13/2006, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The request for bilateral L3-4, L5-S1 median branch blocks are not medically necessary.

CLINICAL HISTORY:

The injured individual is a male with chronic low back pain after lumbar surgery. The injured individual also has severely debilitating chronic obstructive pulmonary disease (COPD). He is wheelchair bound and oxygen dependent. His symptoms and findings have been the same for the past year but his physician has only requested median branch blocks lately. There is no supporting clinical or radiologic features for this nor any new findings to support the injections.

REFERENCES:

- ACOEM Guidelines. Copyright 2004.
- Bonica's Management of Pain. Third edition. Copyright 2000.

RATIONALE:

The injured individual is a male with a thirteen-year-old injury. The injured individual had prior lumbar surgery. He is wheelchair dependent due to his COPD, which is severe. The injured individual had lumbar facet injections in 2001, which reportedly gave him good relief. He has a spinal cord stimulator (SCS) implanted as well. The median branch blocks were denied twice due to a lack of clinical findings to support the facet joints as suspicious pain generators and due to a lack of diagnostic work up. The clinicals stated the injured individual has pain with all range of motions (ROMs), negative Patrick, positive Gaenslen and straight leg raise (SLR). These findings have been the same since 08/2005 but facet injections were just recommended in 03/2006. There are no radiologic studies reported and no specific facet mediated symptoms to warrant these injections.

RECORDS REVIEWED:

- Notification of IRO Assignment dated 06/16/06
- MR-117 dated 06/16/06
- DWC-60
- MCMC: IRO Acknowledgment and Invoice Notification Letter dated 06/16/06
- MCMC: Invoice dated 06/16/06
- Harris & Harris: Letter dated 06/22/06 from Robert Josey
- CorVel Corporation: Letters dated 04/26/06, 04/14/06, 04/27/04
- Kenneth Alo, M.D.: Follow-Up Consultation notes dated 03/21/06, 12/21/05, 08/23/05
- Harris & Harris: Undated letter from Pete Gomez, Office Manager, with attached undated memo

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

13th day of July 2006.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Beth Cucchi