

# MCMC

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

<b>Date:</b>	<b>11/01/2006</b>
<b>Injured Employee:</b>	
<b>Address:</b>	
<b>MDR #:</b>	<b>M2-07-0079-01</b>
<b>DWC #:</b>	
<b>MCMC Certification #:</b>	<b>IRO 5294</b>

### REQUESTED SERVICES:

Please review the item(s) in dispute: Lumbar Laminectomy L4-5, L5-S1.

### 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 11/01/2006, concerning the medical necessity of the above referenced requested service, hereby finds the following:

Lumbar Laminectomy L4-5, L5-S1 is not appropriate or medically necessary at this time.

### CLINICAL HISTORY:

This 43-year-old female allegedly fell at work on 08/15/2005. The MRI of the cervical spine dated 10/06/2005 revealed minor disc bulges at C5/6 and C6/7. There was no mass effect on the neural structures.

The MRI study of the lumbar spine dated 10/06/2005 revealed a small diffuse disc herniation at L4/5 without a mass effect. At L5/S1 level there was a small left posterolateral disc herniation that contacts the left S1 nerve root. There was mild facet hypertrophy at both levels without a mass effect on neural structures.

### REFERENCES:

- Buttermann, G.R.: "Treatment of lumbar disc herniation: ESI compared with discectomy". A prospective randomized study.
- JBJS 86: 670-679 (2004).

### RATIONALE:

The Designated Doctor Evaluation (DDE) was performed on 12/16/2005. The injured individual complained of pain in her right wrist, right elbow, low back and coccyx. She had a desk job with

minimal if any lifting. She claimed to have slipped on some water and was seen in the Emergency Room (ER) on 08/15/2005. The x-rays were essentially normal, except for the coccyx where there was a question of anterior subluxation of the coccyx. Clinical correlation was recommended by the radiologist.

Dr. Philbrick, Orthoped, evaluated her on 08/26/2005. He treated her with several trigger point injections and placed her on light duty. She began physical therapy (PT) on 09/09/2005. In a note dated 10/07/2005 Dr. Philbrick stated that the injured individual was contacted to schedule the MRI studies. At that time she informed his office that she wished to change treating doctors.

Dr. Debbie Crawford, FP, who apparently also specializes in Pain Management, became the treating doctor. Dr. Boren, neurologist, evaluated the injured individual on 10/04/2005, and noted that he had seen the injured individual two years earlier for exactly the same complaints following an automobile accident.

Dr. Crawford then referred the injured individual to a neurosurgeon, a psychologist and also for electromyogram (EMG) studies. Dr. Crawford then performed a "chemical nerve block" at the L3 level. Dr. Sasoon stated that the electrodiagnostic studies revealed mild left S1 radiculopathy. The referral states that Dr. Sasoon lives in Florida and does not have a Texas license.

On 10/27/2005 the injured individual claimed to have loss of memory and a CT scan of the brain was performed on 11/17/2005 and was found to be normal. The injured individual had a Functional Capacity Exam (FCE) on 10/24/2005. The Designated Doctor Evaluation (DDE) failed to identify any objective clinical findings commensurate with the requested surgical procedure. The injured individual has non-anatomical and non-physiological complaints of pain. The imaging studies fail to show the presence of any pathological findings commensurate with her complaints. Therefore, based on the review of the clinical data provided, the requested procedure is not appropriate or medically necessary at this time.

**DATES RECORDS RECEIVED:**

Medical records received 10/17/2006.

**RECORDS REVIEWED:**

- Notification of IRO Assignment dated 10/03/06
- MR-117 dated 10/03/06
- DWC-60
- DWC-69: Report of Medical Evaluation dated 12/16/05
- MCMC: IRO Acknowledgment and Invoice Notification Letter dated 10/05/06
- Texas Mutual: Check dated 10/12/06
- Texas Mutual: Letter dated 10/11/06 from Richard Ball, Network & Medical Operations
- Texas Mutual: Letter dated 08/24/06 from Cathleen Everett, LVN
- Texas Mutual: Letter dated 07/31/06 from JoAnne Harrison, LVN
- Texas Mutual: Request for Preauthorization dated 07/26/06 (poor quality copy)
- Spine Abilene: Report dated 12/16/05 from Roberta Kalafut, D.O.

- Central Texas Orthopedic Surgery: MRI lumbar spine, MRI cervical spine dated 10/06/05

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**

**\_\_\_1<sup>st</sup>\_\_\_ day of \_\_\_November\_\_\_ 2006.**

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

**Printed Name of IRO Employee:** \_\_\_\_\_