

**THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

**SOAH DOCKET NO. 453-03-0084.M5**

MDR Tracking Number: M5-02-1954-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective January 1, 2002 and Commission Rule 133.305 and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that prescription medication was not medically necessary.

Based on review of the disputed issues within the request, the Division has determined that prescription medication fees were the only fees involved in the medical dispute to be resolved. As the treatment was not found to be medically necessary, reimbursement for dates of service 8-9-01 through 10-23-01 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 2nd day of July 2002.

Dee Z. Torres, Medical Dispute Resolution Officer  
Medical Review Division

DZT/dzt

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and subsequently re-delegated by Virginia May, Deputy Executive Director.

Enclosure: IRO decision

**IRO Certificate #4599**

**NOTICE OF INDEPENDENT REVIEW DECISION**

May 31, 2002

**Re: IRO Case # M5-02-1954-01**

Texas Worker's Compensation Commission:

\_\_\_ has been certified as an independent review organization (IRO) and has been authorized to

perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IRO's, TWCC assigned this case to \_\_\_ for an independent review. \_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, \_\_\_ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Neurological Surgery. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to \_\_\_ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The \_\_\_ reviewer who reviewed this case has determined that, based on the medical records provided, the requested treatment was not medically necessary. Therefore, \_\_\_ agrees with the adverse determination regarding this case. The reviewer's decision and the specific reasons for it, is as follows:

This case involves a 40-year-old female injured in a motor vehicle accident on \_\_\_\_. The patient did not seek treatment in an emergency room secondary to the accident. But the patient soon developed pain in her neck, low back, and into her lower extremities, and even into her thoracic spine at times. There was nothing on exam to explain the patient's continued discomfort. Although MRI reports suggest difficulties in both the cervical and lumbar spine, changes such as those reported are frequently seen in 40-year-olds who are asymptomatic. There is no explanation for the patient's continued discomfort. The patient was prescribed several medications to treat her discomfort between 8-9-01 and 10-23-01, and the carrier determined that they were not medically necessary.

I agree with the denial of any medication that would be recommended secondary to the motor vehicle accident of 5-28-99. Two examiners independently came to the conclusion that on exam there was no reason for difficulties secondary to the 5-28-99 that would require medication treatment.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

Sincerely,