

MDR Tracking Number: M5-02-1963-01

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 therapy/psycho-education sessions are not medically necessary.

Based on review of the disputed issues within the request, the Division has determined that pharmaceutical 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 from 1-11-01 through 2-12-01 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 3rd day of April, 2002.

Marguerite Foster, Medical Dispute Resolution Officer
Medical Review Division

MFF/mff

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

March 23, 2002

Re: IRO Case # M5-02-1963-01

___ 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, Rule 133.308 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 is 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:

I agree with the carrier's decision to deny this patient the requested November 2001 therapy / psycho-educational sessions. The patient injured his back on ___. His low back and other pain continued despite chiropractic treatments, physical therapy, bio-feedback and psycho-educational sessions. Despite multiple diagnostic tests there is no objective evidence of a source of the patient's difficulty. Neurosurgical evaluation led to the opinion that there was nothing surgical that could be accomplished. Orthopedic evaluation led to the opinion that the patient had reached maximum medical improvement with a 0% whole person impairment rating on 9/5/01. It would appear from the records provided that the patient was probably able to return to some sort of light duty 4/17/01 and it is medically probable that he had reached maximum medical improvement at that time. The patient's difficulties could be associated with the chronic problems he had for which he sought medical advice before his injury.

The patient's psychological state might have benefited from a return to work in the form of light duty. The requested treatments that the patient pursued were not medically indicated

and did nothing to improve his status.

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

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing. A request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3). This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to: Chief Clerk of proceedings, Texas Worker's Compensation Commission, P O Box 4066, Austin, TX 78704-0012. A copy of this decision should be attached to the request.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

Sincerely,

Medical Director