

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 MRI of the lumbar spine was not medically necessary.

Based on review of the disputed issues within the request, the Division has determined that MRI of the lumbar spine fee was the only fee involved in the medical dispute to be resolved. As the treatment was not found to be medically necessary, reimbursement for date of service from 9-15-01 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 19<sup>th</sup> day of March 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

**NOTICE OF INDEPENDENT REVIEW DECISION**

March 13, 2002

**Re: IRO Case # M5-02-1995-01**

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 decision to deny this patient the requested MRI of the lumbar spine. The reasons for this opinion include the fact that the patient was not a candidate for any surgical procedure at the time the MRI was performed, and nothing was noted in the patient's examinations that would indicate a problem, which with time, would not resolve.

It is significant to note that just two weeks after the MRI was done the patient was told he could return to work on light duty. The MRI did not lead to any change in the patient's treatment.

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

Sincerely,

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Managing Director