

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 assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(q)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$650.00** for the paid IRO fee.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The fluoroscopy portion of the CESI, the supplies used for the procedure and the postoperative monitoring were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the fluoroscopy portion of the CESI, the supplies used for the procedure, and the postoperative monitoring charges.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 4/25/01 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 13th day of, August 2002.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

NOTICE OF INDEPENDENT REVIEW DECISION

July 23, 2002

Rosalinda Lopez
Program Administrator
Medical Review Division
Texas Workers Compensation Commission
4000 South IH-35, MS 48
Austin, TX 78704-7491

RE: MDR Tracking #: M5-02-2053-01
IRO Certificate #: 4326

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a ___ physician reviewer who is board certified in neurosurgery which is the same specialty as the treating physician. The ___ physician reviewer has signed a certification statement stating 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 the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This 46 year old female sustained a work related injury on ___ when a service elevator malfunctioned, jerked her up and down, and caused her to be knocked backwards, landing on her back, neck and shoulder. The patient complained of pain in all of these areas. An MRI of the cervical spine performed on 11/09/99 revealed multi-level spondylosis, and scoliosis. A CT/myelogram performed on 01/12/00 revealed no evidence of disc protrusion or herniation, or a potential surgical lesion on either of these. An MRI of the thoracic spine was negative for disc protrusion or herniation. On 04/25/01 the treating physician performed a cervical epidural steroid injection(CESI).

Requested Service(s)

The fluoroscopy portion of the CESI, supplies used for the procedure and post-operative monitoring.

Decision

The fluoroscopy portion of the CESI, the supplies used for the procedure and postoperative monitoring were all medically necessary components of the ESI procedure.

Rationale/Basis for Decision

The procedure of CESI is a surgical procedure. This surgical procedure involves directing a 3 1/2-inch long semi-flexible spinal needle percutaneously between the lamina and spinous space. The height of this cervical epidural space (target) is only 1 to 2mm. This procedure must be performed in an outpatient or inpatient surgical setting with the accompaniment of fluoroscopic direction of the

needle. Since this procedure must be exclusively limited to a suitable outpatient or inpatient surgical center, meticulous attention to sterility and technique is imperative. The inherent risk of untoward events, including epidural hemorrhage and quadriplegia is so devastating that postoperative monitoring is absolutely essential. Should neurologic deficits occur immediately after a procedure such as this, there is no alternative other than an exploratory cervical laminectomy at the needle site. Therefore, it is determined that fluoroscopic x-procedure, supplies used for the procedure and post-operative monitoring are clearly medically necessary to treat this patient's condition.

Sincerely,