

THIS DECISION HAS BEEN APPEALED. THE FOLLOWING  
IS THE RELATED SOAH DECISION NUMBER: 453-02-3491.M5

MDR Tracking Number: M5-02-2102-01

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 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 office visits and durable medical equipment were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these office visits/physical therapy sessions.

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 4-16-01 through 10-23-01 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 15th day of May 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.

NOTICE OF INDEPENDENT REVIEW DECISION

May 2, 2002

David Martinez  
Chief, Medical Dispute Resolution  
Medical Review Division  
Texas Workers Compensation Commission  
4000 South IH-35, MS 40  
Austin, TX 78704-7491

RE: MDR Tracking #: M5-02-2102-01  
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 orthopedic surgery 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 box fell on her head, jarring her into a hyperextension type of injury to her neck. The injury aggravated a pre-existing problem in her neck. The patient underwent a MRI of the cervical spine on 05/23/95 revealing reverse cervical lordosis and a disc bulge at C5-6. She also underwent an EMG nerve conduction study on 05/23/95 which revealed bilateral C5 nerve root irritation more on the right than the left and bilateral carpal tunnel syndrome more on the right than the left. The patient's symptoms were adequately evaluated and treated over time without significant improvement. The patient became a surgical candidate, however, surgery was not performed and the patient continued to be treated conservatively. The patient was seen by her treating physician on 04/16/01, 07/09/01, and 07/17/01. The patient was also provided patches for a TENS unit on the 10/23/01 office visit.

#### Requested Service(s)

Follow-up office visits and TENS patches

#### Decision

It is determined that follow-up office visits of 04/16/01, 07/09/01 and 07/17/01 as well as the TENS unit patches provided on 10/23/01 were medically necessary to treat this patient's condition.

Rationale/Basis for Decision

Since the patient has not been released from medical care, it is appropriate for the patient to have office visits for follow-up care. In addition, TENS is one of the standard modalities used for pain management and the unit and supplies are part of the patient treatment.

Sincerely,