

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 total amount recommended for reimbursement does not represent a majority of the medical fees of the disputed healthcare; therefore, the **requestor did not prevail** in the IRO decision. Consequently, the requestor is not owed a refund of 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 not the only issue** to be resolved. There is still an unresolved fee dispute.

Per Rule 133.307 (g) (3), the Division notified the parties and required the requestor to submit two copies of additional documentation relevant to the fee dispute. The 14-day Notice was mailed on 2-14-03. Per Commission Rule 102.5(d), the date received is deemed to be five days from the date mailed. Neither party responded to the 14-day letter.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
9/13/01	E0236 E1399	\$494.00 \$155.00	\$0.00	U	DOP	IRO Decision  § 413.011  §133.1(a) (8)	The IRO determined these DME items were medically necessary. The denial reason only addressed medical necessity. The MAR for these DME items is based on DOP. Since the amount of reimbursement was not raised, recommended reimbursement as billed. \$494.00 + \$155.00 = \$649.00.
9/13/01	L0430 L0510 E0244 E1399 E1399 E0930 E0748 E1399	\$1800.00 \$300.00 \$103.00 \$112.00 \$ 75.00 \$ 67.50 \$5000.00 \$ 40.00	\$1172.01 \$197.00 \$ 89.75 \$ 14.95 \$ 18.00 \$ 43.70 \$3342.55 \$ 25.95	M	DOP	MFG DME GR  § 413.011  §133.1(a) (8)	The carrier paid an amount "...determined to be fair and reasonable based on billing and payment research and is in accordance with Labor Code 413.011(B)." The MAR for these DME items is based on DOP. The requestor did not provide sufficient

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
							documentation according to the criteria of the Texas Labor Code to support a need for a change in the reimbursement.  Specifically, requestor did not provide redacted EOBs reflecting the fair and reasonable amount paid by another carrier for same or similar services. Therefore, no additional reimbursement is recommended..
<b>TOTAL</b>		\$8,146.50	\$4,903.91				The requestor is entitled to reimbursement of \$649.00.

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 9-13-01 through 10-15-01 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 19th day of March 2003.

Dee Z. Torres  
 Medical Dispute Resolution Officer  
 Medical Review Division

DZT/dzt

**IRO Certificate #4599**

**NOTICE OF INDEPENDENT REVIEW DECISION**

January 29, 2003

**Re: IRO Case # M5-02-2161-01**

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 IROs, 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 determination of the \_\_\_ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient is a 43-year-old female injured \_\_\_. The documentation presented does not provide details of the injury. The injury led to an anterior cervical discectomy and fusion in early 2001, and a 360 degree fusion in the lumbar spine in late 2001. There is pseudoarthrosis at the C6-7 level. The patient was refused posteriorly in the cervical region 4/29/02. There are multiple reasons for this patient's significant discomfort secondary to spine pathology in both the cervical and lumbar regions.

Requested Service

Water circulating unit, cold therapy cooler wrap, water circulating pad

Decision

I disagree with the carrier's decision to deny the requested equipment.

Rationale

Cryotherapy may well be beneficial in relieving this patient's discomfort to the point where she can pursue normal activities better than she would be able to without the requested water circulating unit, cooler wrap and water circulating pad. Use of this equipment may be useful for this patient for several years.

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

Sincerely,

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