MDR Tracking Number: M5-02-2181-01

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 the office visits were not medically necessary.

Based on review of the disputed issues within the request, the Division has determined that the office visit 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 12-19-01 through 1-4-02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 28th day of August 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

August 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 #: M5-02-2181-01
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 50 year old female sustained a work-related injury on ___ when she was transferring a patient from a wheelchair, the patient had a stroke, began to fall and ___ tried to keep the patient from falling and subsequently developed pain in her back. ___ subsequently underwent a global fusion at L4-5 and L5-S1 on 07/15/97. According to the orthopedic surgeon's office notes on 12/04/01 and 01/04/02, Ms. Jones has had many postoperative complications with bleeding, requiring subsequent surgeries to evacuate hematomas, both anteriorly and posteriorly. A CT scan in February 2000 revealed a herniated disc at T12-L1, some posterior bulges and protruded disc at T12-L1 thru L3-4, and some stenosis of the left sided lateral recess, due to spurring at L5-S1. She continues to have ongoing chronic low back pain and radiculopathy.

Requested Service(s)

Office visits on 12/04/01 and 01/04/02

Decision

It has been determined that the office visits on 12/04/01 and 01/04/02 were not medically necessary.

Rationale/Basis for Decision

This patient has been evaluated on a monthly basis since 10/30/97. For the past two years, the only documented necessity for such visits has been monthly prescription refills. Simultaneously, she has been treated in a pain management program. There is no documentation justifying the necessity for the office visits on 12/04/01 and 01/04/02. Based on the documentation presented for review, this patient's primary problem, at this time, is chronic pain syndrome and medication dependency. Therefore, the office visits on 12/04/01 and 01/04/02 were not medically necessary.

Sincerely,