

MDR Tracking Number: M5-02-2247-01

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. The IRO has not clearly determined the prevailing party over the medical necessity issues. Therefore, in accordance with §133.308(q)(2)(C), the Commission shall determine the allowable fees for the health care in dispute, and the party who prevailed as to the majority of the fees for the disputed health care is the prevailing party.

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. Some office visits, reports, and facet injections were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the office visits, reports, facet injections, and parvertebral regional nerve blocks.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Max. Allow. Reimb.)	Reference	Rationale
3-15-01	99213 99080-73	\$65.00 \$15.00	0.00	U	\$ 48.00 \$ 15.00	IRO decision	The IRO determined that this office visit and report were medically necessary. Therefore recommend reimbursement of \$48.00 + \$15.00 = \$63.00.
3-14-01 8-22-01 12-27-01	99213	\$65.00 x 3 = \$195.00	0.00	U	\$48.00	IRO decision	The IRO determined that these office visits were medically necessary. Therefore recommend reimbursement of \$48.00 x 3 = \$144.00.
4-19-01 5-16-01 5-21-01 6-21-01 6-25-01 7-5-01 7-9-01 7-19-01 8-6-01 10-28-01	64441	\$314.00 x 10 = \$3140.00	0.00	U	\$314.00	IRO decision	The IRO determined that the parvertebral regional nerve blocks were not medically necessary. Therefore, no reimbursement can be recommended.
6-21-01 8-6-01	99080-73	\$15.00 x 2 = \$30.00	0.00	U	\$ 15.00 per report	IRO decision	The IRO determined that the reports were medically necessary and therefore recommend reimbursement of \$15.00 x

							2 = \$30.00.
8-10-01	64442 64443 72220WP 76000WP J7040 E0776 A4454 A4556 A4615 A4616 94760 J0704 J2000 J3490 J3010 A4209 A4212 A4215 99499RR	\$314.00 \$314.00 \$160.00 \$300.00 \$ 20.00 \$ 20.00 \$ 20.00 \$ 45.00 \$ 20.00 \$ 20.00 \$ 45.00 \$ 25.00 \$ 15.00 \$ 20.00 \$ 50.00 \$ 15.00 \$ 20.00 \$ 15.00 \$100.00	\$ 0.00	U	\$155.00 \$111.00 \$ 51.00 \$110.00 DOP “ “ ” ” ” ” \$ 52.00 single determination DOP “ “ “ DOP ” “ DOP	IRO decision	The IRO determined that the facet injections were medically necessary and therefore recommends reimbursement of \$892.00.
8-15-01 9-6-01	99213	\$ 48.00		U	\$ 48.00	IRO decision	The IRO determined that this office visit was not medically necessary. Therefore, no reimbursement can be recommended.
8-31-01	64442 64443 72220WP 76000WP J7040 E0776 A4454 A4456 A4615 A4616 94760 J0704 J2000 J2252 J3490 J3010 A4209 A4212 A4215 99499RR	\$314.00 \$314.00 \$160.00 \$300.00 \$ 20.00 \$ 20.00 \$ 20.00 \$ 45.00 \$ 20.00 \$ 20.00 \$ 45.00 x 2 = \$90.00 \$ 25.00 \$ 15.00 \$ 0.00 \$ 25.00 \$ 25.00 \$ 15.00 \$ 20.00 \$ 15.00 \$100.00	\$ 0.00	U	\$155.00 \$111.00 \$51.00 \$110.00 DOP “ “ ” ” ” ” \$52.00 single determination DOP “ “ “ ” ” ” DOP	IRO decision	The IRO determined that the facet injection was not medically necessary. Therefore, no reimbursement can be recommended.

TOTAL		The requestor is entitled to reimbursement of \$1129.00
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On this basis, the total amount recommended for reimbursement (\$1129.00) does not represent a majority of the medical fees of the disputed healthcare and therefore, the requestor did not prevail in the IRO decision. Consequently, the requestor is not owed a refund of the paid IRO fee.

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay \$1129.00 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 3/14/01 through 12/27/01 in this dispute.

This Order is hereby issued this 6th 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.

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

June 7, 2002

Re: IRO Case # M5-02-2247-01

Texas Workers' 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 IRO's, 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 Physical Medicine and

Rehabilitation. 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 care is medically necessary and that some is not medically necessary. Therefore, ___ agrees in part and disagrees in part with the adverse determination regarding this case. The reviewer's decision and the specific reasons for it, is as follows:

This case involves a 54-year-old female who slipped and fell landing on her buttocks, injuring her back on ___. She was able to finish her shift, but later that night she developed lower back pain with radiation into her left leg. She was treated with medication and physical therapy. An MRI 12/11/97 showed central L3-4 herniation and small left L4-5 herniation. A CT myelogram confirmed the involvement of the left L-5 root. In February, 1998 a laminectomy and discectomy were performed at L4-5, followed up with physical therapy. The patient reached maximum medical improvement 6/22/98, with an impairment rating. The patient continued to have lower back pain and muscle spasms. She has continued to receive occasional epidural steroid injections, and multiple paravertebral regional nerve blocks. A CT myelogram 7/14/99 revealed right central disk herniation at L5-S1, displacing the right S-1 nerve root, as well as minor changes in facets at L4-5 and L5-S1. The patient received a trial with a morphine pump, and frequent paravertebral regional nerve blocks. Another MRI of the lumbar spine with and without contrast on 7/12/01 was negative for disc bulge or herniation, but did show arthropathy at L4-5 and L5-S1. The patient underwent both right and left sided facet injections on two separate occasions, followed by a set of bilateral facet injections. The patient did very well after the facet injections, with reduction in pain and muscle spasms. The patient continued to receive frequent paravertebral regional nerve blocks for muscle spasms.

I disagree with the carrier's decision to deny the requested office visit and TWCC 73 form on 3/14/01 and 3/15/01. The office visits were necessary to follow the patient closely after she developed severe headaches following the morphine pump trial. A cerebral spinal fluid leak was diagnosed and required close monitoring.. Once the patient was found to be improving, she resumed her regular follow up schedule.

I agree with the carrier's decision to deny the requested paravertebral regional nerve blocks between 4/19/01 and 8/6/01. This represents nine sets of injections in less than four months. The injections were not done under fluoroscopy. If the transverse process was contacted as reported, the effect was essentially anesthetizing the medial branches of the dorsal ramus at each level. Medial branch blocks off both therapeutic and diagnostic. Current guidelines recommend following a positive result with medial branch blocks with radio-frequency ablation for more permanent pain relief.

I disagree with the denial of the requested TWCC 73 forms dated 6/21/01 and 8/6/01. These forms were used to take the patient out of work and were required by the Commission.

I disagree with the denial of the requested facet injections on 8/10/01. A previous series of facet injections on the left side resulted in a 50% reduction in the patient's pain.

I agree with the denial of the requested office visit 8/15/01, five days following facet

injections, as there were no complications during the procedure and no need to follow up that soon.

I disagree with the denial of the requested office visit 8/22/01. It was necessary to evaluate the results of the facet injections performed 8/10/01, which were necessary.

I agree with the denial of the requested facet injections 8/31/01. The patient had received facet injections on two separate occasions on both the left and right side respectively. A set of bilateral injections is only duplicative. Current guidelines recommend following up with positive results of facet injections with diagnostic medial branch blocks. If the medial branch blocks are positive, radio-frequency ablation is recommended for more permanent pain relief.

I agree with the denial of the requested office visit 9/6/01 for follow up of the facet injections 8/31/01. Since the facet injections weren't necessary, follow up would also not be necessary. The patient had been seen only two weeks prior to this office visit.

I agree with the denial of the requested paravertebral regional nerve blocks 10/28/01 following successful bilateral facet injections. Current guidelines recommend medial branch blocks following successful facet injections. If these results are positive radio-frequency neurotomy is recommended. Therefore, there would be no need for paravertebral regional nerve blocks done without fluoroscopy.

I disagree with the denial of the requested office visit 12/27/01. It was a routine follow up visit, following the usual monthly schedule. The patient had not been seen since 11/29. The patient needed follow up of the morphine pump's effectiveness and medication refills.

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

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing. A request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3). This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to: Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P O Box 40669, Austin, TX 78704-0012. A copy of this decision should be attached to the request.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

Sincerely,

President