MDR Tracking Number: M5-02-2275-01

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 not the only issue** to be resolved. The disputed services/supplies on the EOB that were denied for "U" on 2-14-01 and 3-2-01 were found to be medically necessary. There is still an unresolved fee dispute for the primary procedures performed on 2-14-01 and 3-2-01.

Per Commission Rule 133.307 (g) (3), the Division mailed the required Notice to the parties on 11-14-02. The provider was deemed to have received it five days from mail date. The requestor did not respond. The carrier representative signed for the Notice on 11-14-02. The insurance carrier did not respond.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR$ Maximum Allowable Reimbursement	Reference	Rationale
2-14-01	ASC billing w/ procedure code 03.91	$892.88	$669.66	M	DOP	§413.011(b) Rule133.307 (g)(3)(D)	The requestor did not submit documentation to support additional reimbursement.
2-14-01	Itemized services – supplies Procedure room equip RR supplies	$151.20 $ 30.50 $ 66.00	0.00	U	DOP	IRO Decision §133.1(a)(8)	Oxygen equipment, oxygen equipment with humidifier and supplies were denied as unnecessary medical. IRO reversed carrier decision. The carrier did not address the fair and reasonable reimbursement; therefore, recommend reimbursement as billed - $151.20 + $ 30.50 + $ 66.00 = $247.70.
3-02-01	ASC billing w/ procedure code 03.91	$ 828.41	$ 621.31	M	DOP	§413.011(b) Rule 133.307(g)(3) (D)	The requestor did not submit documentation to support additional reimbursement.

3-02-01	Itemized services – supplies Procedure room equip RR supplies	$151.20 $ 30.50 $ 66.00	0.00	U	DOP	IRO Decision §133.1(a)(8)	Oxygen equipment, oxygen equipment with humidifier and supplies were denied as unnecessary medical. IRO reversed carrier decision. The carrier did not address the fair and reasonable reimbursement; therefore, recommend reimbursement as billed - $151.20 + $ 30.50 + $ 66.00 = $247.70.
TOTAL		$2216.69	$1,290.97				The requestor is entitled to reimbursement of **$495.40.**

On this basis, the total amount recommended for reimbursement ($495.40) represents a majority of the medical fees of the disputed healthcare and therefore, the requestor did prevail in the IRO decision. Consequently, the requestor is owed a refund of the paid IRO fee of $650.00.

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay $1,145.40 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 2-14-01 through 3-2-01 in this dispute.

This Order is hereby issued this 28th day of January 2003.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

DZT/dzt

NOTICE OF INDEPENDENT REVIEW DECISION

September 12, 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 #:	M5-02-2275-01
IRO Certificate #:	4326

The ___ 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 anesthesiology 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 34 year old male sustained a work-related injury on ___ when he fell ten to fifteen feet from a ladder and landed prone on the ground. The patient was diagnosed with cervical and lumbar sprain/strain secondary to the fall. On 02/14/01 and 03/02/01 the patient underwent a lumbar epidural steroid injection (ESI) in an ambulatory surgery center (ASC).

Requested Service(s)

Medical supplies, oxygen equipment, and oxygen equipment with humidifier associated with the ESIs performed in the ASC on 02/14/01 and 03/02/01.

Decision

It has been determined that the medical supplies, oxygen equipment, and oxygen equipment with humidifier, associated with the ESIs performed in the ASC on 02/14/01 and 03/02/01, were medically necessary.

Rationale/Basis for Decision

Based on the information submitted for review, the medical supplies, oxygen equipment and oxygen equipment with humidifier were medically necessary. Diprivan was used as the agent for monitored anesthesia care. It is an anesthetic agent capable of producing respiratory depression. The Physician's Desk Reference recommends the use of oxygen supplementation when clinically indicated. Therefore, the medical supplies, oxygen equipment and oxygen equipment with humidifier associated with the ESIs performed in the ASC on 02/14/01 and 03/02/01 were medically necessary.

Sincerely,