

MDR Tracking Number: M5-02-2662-01

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 sterile tray, anesthesia supplies/complex or prolonged, post-op monitoring and x-ray of spine rendered were not medically necessary.

Based on review of the disputed issues within the request, the Division has determined that the services rendered were the only fee involved in the medical dispute to be resolved. As the treatment, was not found to be medically necessary, reimbursement for date of service 6/8/01 through is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 5th day of August 2002.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

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, 8/5/02.

NOTICE OF INDEPENDENT REVIEW DECISION

July 25, 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 #: M5-02-2662-01
 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 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 46-year-old male sustained a work-related back injury on ___. The origin of the injury was not identified in the information submitted for review. The diagnoses are chronic low back pain and herniated disc at L2-3, L3-4, L4-5 and L5-S1 with left lower extremity radiculopathy. On 06/08/01, the treating physician performed a lumbar ESI at the L4-5 level, percutaneous epidural lysis of adhesions, lumbar epidurogram and associated fluoroscopic direction and guidance of catheter and/or needle, injection of local anesthesia, steroid and contrast medium.

Requested Service(s)

CPT 99070 - sterile trays (including all supplies, material)
CPT 99070 – anesthesia supplies/complex or prolonged or CRNA
CPT 99499 - post-op monitoring, reimbursed hourly
CPT 72020 – x-ray exam of spine

Decision

It has been determined that CPT 99070 - sterile trays (including all supplies, material); CPT 99070 - anesthesia supplies/complex or prolonged or CRNA; CPT 99499 - post-op monitoring, reimbursed hourly; and CPT 72020 – x-ray exam of spine were not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

There is no evidence of the utilization of complex or excessive anesthesia supplies; no documentation that post-operative monitoring occurred; and no evidence of additional x-ray examination of the spine outside of that associated with the procedure. Therefore, the sterile trays (including all supplies, materials), anesthesia supplies/complex or prolonged or CRNA, post-op monitoring and x-ray exam of the spine were not medically necessary.

Sincerely,