

MDR Tracking Number: M5-02-2674-01

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 and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(q)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for 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 the only issue** to be resolved. The computerized tomography and/or three-dimensional reconstruction were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for computerized tomography and/or three-dimensional reconstruction charges.

On this basis, and 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 date of service 3-20-01 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 20th 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.

August 16, 2002

Re: Medical Dispute Resolution
MDR #: M5-02-2674-01
IRO Certificate No.: IRO 5055

Dear:

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is a doctor of Chiropractic medicine.

THE REVIEWER OF THIS CASE DISAGREES WITH THE DETERMINATION MADE BY THE INSURANCE CARRIER. The reviewer has determined that MDR for data reconstruction, post CT Myelogram was medically necessary in this case.

I am the Secretary and General Counsel of ___ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

We are forwarding herewith a copy of the referenced Medical Case Review with reviewer's name redacted.

Sincerely,

MEDICAL CASE REVIEW

This is for ___. I have reviewed the medical information forwarded to me concerning TWCC Case File #M5-02-2674-01, in the area of Chiropractic Rehabilitation. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

1. Request for MDR concerning lumbar CT with reconstruction.
2. ___ denial of lumbar CT with reconstruction on 09/17/01.
3. Medical necessity letter from ___, 03/20/02.

4. Lumbar myelogram, 03/20/01.
5. Post-myelogram CT scan of lumbar spine, 03/20/01.

B. BRIEF CLINICAL HISTORY:

Not made available for this review.

C. DISPUTED SERVICES:

MDR for data reconstruction on 03/20/01, post CT myelogram on patient.

D. DECISION:

I DISAGREE WITH THE DETERMINATION OF THE INSURANCE CARRIER IN THIS CASE.

E. RATIONALE OR BASIS FOR DECISION:

1. An axial CT image will not always detect the presence of an osteophyte; the bony canal will appear normal (*CT and Enhanced CT of the Spine*, page 359).
2. It is fair and common practice to have data of post CTM (computerized tomographic myelography) reconstructed to yield other planes of viewing (coronal and sagittal). It is extremely important that the lumbar spine CTM be used in evaluating nerve root sheaths, cauda equina, and the pathology of surrounding bones and joints (*Essentials of Skeletal Radiology*, page 491). An axial view cannot offer a completely definitive view of the structures as a reconstructed view that includes the sagittal and coronal planes allows.
3. CTM is used to delineate the borders of the thecal sac from adjacent soft tissue and bone. In most instances, a data reconstruction is appropriate for either the coronal or sagittal view (*Essentials of Skeletal Radiology*, page 491).
4. There are noticeable differences in evaluating data from multiple planes as opposed to a single plane. When a carrier denies a clinician the ability to gain further insights to a test already completed, this creates an immense disservice for the injured worker.

F. DISCLAIMER:

The opinions rendered in this case are the opinions of this evaluator. This medical evaluation has been conducted on the basis of the documentation as provided to me with the assumption that the material is true, complete and correct. If more information becomes available at a later date, then additional service, reports or consideration may be requested. Such information may or may not change the opinions rendered in this evaluation. My opinion is based on the clinical assessment from the documentation provided.

Date: 14 August 2002