

MDR Tracking Number: M5-02-2871-01

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 prescription medications rendered were not medically necessary.

Based on review of the disputed issues within the request, the Division has determined that the prescription medication fees were the only fees involved in the medical dispute to be resolved. As the treatment, the prescription medication, was not found to be medically necessary, reimbursement for date of service 3/20/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 17th day of October 2002.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

NOTICE OF INDEPENDENT REVIEW DECISION

October 4, 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 #: M5-02-2871-01
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 67 year old male sustained a work related injury on ___ when he was sitting at work and the legs of his chair collapsed, resulting in a fall. The patient landed on his gluteal region, struck his head, and felt pain in his lower back. A CT of the lumbar spine revealed disc bulges and facet arthropathies. A CT myelogram revealed broad based disc bulges. An MRI of the lumbar spine revealed diffuse posterior protrusion from L2-3 to L5-S1. The patient underwent physical therapy at 3 times per week for six months. From January 2002 to March 2002, the patient underwent lumbar epidural steroid injections, behavioral modification and the use of a neuromuscular stimulator for pain control. The patient has been prescribed Hydrocodone/APAP, Alprazolam, and Carisoprodol.

Requested Service(s)

Hydrocodone/APAP, Alprazolam, and Carisoprodol provided on 03/20/02.

Decision

It is determined that the Hydrocodone/APAP, Alprazolam, and Carisoprodol prescribed to the patient and provided on 03/20/02 were not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

This patient should be referred to and evaluated by a specialized spine manual therapist or physician in that his symptoms and not the pathologic condition causing his back pain is being treated. In addition, the patient should be weaned off of the narcotic Hydrocodone and with proper treatment, the patient should also be able to discontinue the Alprazolam and Carisoprodol. These drugs are being used to treat his symptoms and do not treat the pathological condition in his back. Therefore, the medications provided on 03/20/02 (Hydrocodone/APAP, Alprazolam, and Carisoprodol) were not medically necessary to treat this patient's condition.

Sincerely,