

MDR Tracking Number: M5-02-3104-01

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. The requestor in this dispute is also the injured worker and therefore per Rule 133.308, not required to pay the 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 disputed prescription medications were found to be medically necessary. The respondent raised no other reasons for denying reimbursement.

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), to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 2/20/02 through 6/11/02.

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 8<sup>th</sup> day of January 2003.

Noel L. Beavers  
Medical Dispute Resolution Officer  
Medical Review Division

NLB/nlb

January 2, 2003

David Martinez  
TWCC Medical Dispute Resolution  
4000 IH 35 South, MS 48  
Austin, TX 78704

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\_\_\_ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to \_\_\_ for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

\_\_\_ has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Doctor of Osteopathy with a specialty in Anesthesiology/Pain Management. The \_\_\_ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors 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 the dispute.

#### CLINICAL HISTORY

\_\_\_ was involved in an incident on \_\_\_ that resulted in a fall while pulling on a rope. That incident resulted in low back and right hip pain. Later, a complaint of left wrist pain was noted. After imaging procedures, numerous chiropractic treatment sessions and interventional pain procedures were implemented. Provocative discography was performed on November 26, 2001 and the results were negative for significant disc pathology. However, post study CT reportedly demonstrated a lateral/posterior diffusion with a midline annular tear.

#### DISPUTED SERVICES

The insurance company has denied reimbursement to the patient for prescription medication which he purchased from February 20, 2002 to July 3, 2002

#### DECISION

The reviewer disagrees with the prior adverse determination.

#### BASIS FOR THE DECISION

Management of this case does bear resemblance to medicalization. However, initial MRI demonstrated disc pathology at L5/S1. Post discography CT findings indicated annular tearing, as well. There are objective findings in previously mentioned studies to

substantiate a reason for continued lumbar and right radicular pain. If these studies can be appreciated then one must consider the subjective complaints by the patient: Lumbar and Right Radicular pain by mechanism of chemical and possibly mechanically induced radiculitis. That said it appears that within the construct of the provided data, objective findings exist that can substantiate continued significant pain requiring treatment.

\_\_\_ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. \_\_\_ has made no determinations regarding benefits available under the injured employee's policy.

As an officer of \_\_\_, I certify that there is no known conflict between the reviewer, \_\_\_ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

\_\_\_ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,