MDR Tracking Number: M5-02-3227-01

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 **or January 1, 2003** 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 $650.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

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 treatment/service rendered 8-15-01 was found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these charges.

The above Findings and Decision are hereby issued this 12th day of June 2003.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

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 8-15-01 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 12th day of June 2003.

David R. Martinez, Manager
Medical Dispute Resolution
Medical Review Division

DRM/dzt

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

June 6, 2003

Re: IRO Case # M5-02-3227

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Neurological Surgery. He or she has signed a certification statement attesting 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 referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History
The patient is a 52-year-old male who according to different records was injured on ___ while he was lifting 300 pounds of ice cubes with another person and/or was injured ___ when he was installing an ice machine and pulling on a condenser and developed back pain. After one or both of these instances, the patient was treated with physical therapy. He had not only low back pain, but also neck pain and pain around the rib cage coming from the thoracic region. Physical therapy was not beneficial. MRI evaluation of the thoracic and lumbar spine on 6/19/01 showed multiple areas of potential disk rupture in both regions, without anything distinctly surgical present. The patient was diagnosed with probable T6-7 HNP, and discographic evaluation was recommended at the areas above and possibly below the suspected area of disk rupture. Attempts at discography were unsuccessful because of the patient's marked discomfort and because of his obesity, which interfered with imaging. Therefore, thoracic myelographic evaluation was carried out, and this showed multiple areas of potential problems, with the primary source being at the T8-9 region of the left side.

Requested Service(s)
Thoracic myelogram with post CT

Decision
I disagree with the carrier's decision to deny the requested treatment.

Rationale
Thoracic myelographic evaluation was reasonable and necessary. The patient was having continued significant discomfort in his thoracic area with radiation features that suggested the possibility of a disk rupture with nerve root compression. The substitution of myelographic evaluation instead of discographic evaluation is justified because a thoracic myelogram would be the primary choice in evaluating the patient's problem.
It is surprising that lumbar myelography was not carried out while the contrast material ws in place of the thoracic myelogram.
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This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

Sincerely,

_____