

MDR Tracking Number: M5-02-3257-01

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 inpatient hospitalization was not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Division has determined that inpatient hospitalization fees were the only fees involved in the medical dispute to be resolved. As the treatment was not found to be medically necessary, reimbursement for dates of service from 7/30/01 to 8/10/01 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 10th day of March 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

February 5, 2003

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-02-3257-01

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). ___ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ___ for independent review in accordance with this Rule.

___ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing physician on ___ external review panel. This physician is a board certified neurosurgeon. ___ physician reviewer signed a statement certifying that no known conflicts of interest exist between this physician and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior

to the referral to ___ for independent review. In addition, ___ physician reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 55 year-old male who sustained a work related injury on ____. The patient is status post lumbar fusion from L4-S1. The patient was admitted to the hospital from the Emergency Department on 7/30/01 with complaints of severe pain and the inability to walk due to a re-aggravation of the injury sustained ____. This patient's diagnosis is herniated disc at the L3-L4 level. He underwent a lumbar laminectomy, discectomy at the L3-L4 level with fusion at the L3-L4 level and placement of internal bone stimulator at the L3-L4 level. The patient was treated as an inpatient from 7/30/01 through 8/10/01.

Requested Services

Inpatient hospitalization from 7/30/01 through 8/10/01.

Decision

The Carrier's determination that these services were not medically necessary for the treatment of this patient's condition is upheld.

Rationale/Basis for Decision

___ physician reviewer noted that the patient had sustained a work related injury on ____. ___ physician reviewer indicated that the patient had surgery to his back due to this injury. ___ physician reviewer also noted that the patient had a re-aggravation of this injury on ____. ___ physician reviewer indicated that the patient was admitted to the hospital through the emergency department on 7/30/01. ___ physician reviewer also indicated that during the hospitalization from 7/30/01 through 8/10/01 the patient had a second back surgery due to this re-aggravation of the injury sustained on ____. ___ physician reviewer explained that the patient was treated immediately with surgical intervention. ___ physician reviewer also explained that the patient did not have an adequate trial of non-operative care before the second surgery. (AHCPR; Low Back Pain:1998). Therefore, ___ physician consultant concluded that the inpatient hospitalization from 7/30/01 through 8/10/01 was not medically necessary to treat this patient's condition.

Sincerely,

—