

MDR Tracking Number: M5-02-3262-01

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 monitored anesthesia care was not medically necessary.

Based on review of the disputed issues within the request, the Division has determined that monitored anesthesia care 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 1-8-02 through 1-21-02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 24th day of September 2002.

Dee Z. Torres, Medical Dispute Resolution Officer
Medical Review Division

DZT/dzt

September 4, 2002

Texas Workers' Compensation Commission
Medical Dispute Resolution
4000 South IH-35, MS 48
Austin, TX 78704-7491

Attention: Rosalinda Lopez

Re: Medical Dispute Resolution
MDR #: M5-02-3262-01
IRO Certificate No.: IRO 5055

Dear Ms. Lopez:

___ 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 Board Certified in Anesthesiology.

The physician reviewer AGREES with the determination of the insurance carrier in this case. The reviewer is of the opinion that monitored anesthesia care related to the injection procedure was not medically necessary.

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 #M5-02-3262-01, in the area of Anesthesiology. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

1. Request for review of denial of general or monitored anesthesia care related to the injection procedure.
2. Correspondence.
3. History and physical and office notes.
4. Operative reports.
5. Radiology reports.

B. BRIEF CLINICAL HISTORY:

The patient is a 45-year-old female with an apparent work-related injury on ____. She was subsequently diagnosed with a chronic pain syndrome composed of (a) lumbar facet syndrome, (b) sacroiliac joint dysfunction, (c) diskogenic pain, and (d) myofascial pain syndrome. The possible facet syndrome provided indication for a series of facet injections. These were performed on 1/08/02 and 1/21/02 with MAC/intravenous anesthesia support services.

C. DISPUTED SERVICE:

Monitored anesthesia care related to the injection procedure.

D. DECISION:

I AGREE WITH THE CARRIER'S NON-AUTHORIZATION DETERMINATION FOR THIS SERVICE.

E. RATIONALE OR BASIS FOR DECISION:

Monitored anesthesia care (MAC) is frequently utilized to allow procedures to be performed that patients might not otherwise tolerate. Additionally, many patients have co-morbid medical conditions that raise the risk of the procedure. Appropriate monitoring and intervention have lessened that associated risk. MAC services include a continuum of conscious sedation through deep sedation and even brief periods of "general anesthesia."

This procedure (facet injection) should not inherently require MAC services. Facet injections are routinely performed with local/sedation techniques. The medical record available does not indicate any co-existent medical condition other than a history of smoking. The noted "pre-operative anxiety" is too nonspecific. No anxiety disorder is discernible in the medical record. It is not noted whether the anxiety responded to pre-medication or sedation. It is notable that a myelogram and an EMG were performed with local/sedation techniques.

The anesthetic records available suggest Versed 5 mg in divided doses and propofol in unknown infusion rates were used. The second procedure on 1/21/02 was unsuccessful under deep sedation secondary to coughing, and proceeded under a conscious sedation approach. I believe with a background of intravenous narcotic (fentanyl) and a technique utilizing appropriate continuous infusion rates of propofol, this might have been avoided.

The carrier has apparently adopted Medicare guidelines regarding utilization of MAC/intravenous anesthetic services. Many commercial carriers continue to accept either surgeon or patient request for the service as sufficient indication. The above discussion assumes the Medicare guidelines and the prevailing medical assumptions of medical necessity.

Finally, the use of an ASA Relative Value Guide Code of 00630 is problematic and not appropriate. I fully concur with Dr. Novak's letter.

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: 31 August 2002