

Amended MDR Tracking Number: M5-03-3395-01 (**Previously M5-03-2121-01**)

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General 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 dispute was received on 4/25/03.

The Medical Review Division Decision of 7/23/03 was withdrawn by the Medical Review Division applicable to a Notice of Withdrawal of 8/28/03. A copy of the Notice of Withdrawal is reflected in Exhibit 1 of the Commission Case file.

The Amended Findings and Decision supersedes all previous decisions rendered in this medical payment dispute involving the above requestor and respondent for DOS 1/14/03.

The requestor withdrew the fee portion of this dispute, therefore the medical necessity issue with CPT code 76375 is the only disputed issue.

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 diagnostic services (76375), multiplanar reconstructions as part of the myelo-CT examination, was found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these diagnostic services charges.

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 (CPT code 76375) 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 1/14/03 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 Amended Order is hereby issued this 27th day of February 2004.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

Enclosure: IRO Decision

July 14, 2003

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

IRO #: 5251

___ 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.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Medical Doctor with a specialty and board certification in Radiology. 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

___ is a 47-year-old gentleman who sustained a work-related injury on ___. He has had multiple previous imaging studies for low back and neck symptoms with various forms of therapy, including lumbar surgical fusion, conservative therapy plans, epidural and trigger point injections and various pain medication trials with continuing problems and difficulty working. Most recently he had a cervical myelogram and myelo-CT on 1/14/03 for continued neck pain.

DISPUTED SERVICES

Under dispute is the medical necessity of diagnostic services coded 76375 (multiplanar reconstructions as part of the myelo-CT examination) that was rendered on 1/14/03.

DECISION

The reviewer disagrees with the prior adverse determination.

BASIS FOR THE DECISION

Multiplanar reconstructions (MPR's) are a necessary part of a myelo-CT study and clearly are the standard of care in the US. The only time they would not be obtained as part of a myelo-CT exam would be if the CT scanner was old and could not do MPR's or if there was a mechanical breakdown precluding them.

Justification for the above is provided in supporting material supplied by ___ and also in the medical literature (1). This is best accomplished by having the radiologist dictate a separate paragraph detailing the findings of the multi-planar reconstructive images. There was not specific reporting of the findings of the MPR's in the report. The only reference to the MPR's in the report was stating that they were done. The MPR's are necessary and they should be separately reported. However, separate report of findings is not a necessity for the code to be payable.

___ 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,

1. Imaging of Low Back Pain II in The Radiologic Clinics of North America 2001; 39(1):94