

MDR Tracking Number: M5-04-0267-01

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 September 23, 2003.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Bextra and Ultracet were determined to be medically necessary. Therefore, upon receipt of this Order and in accordance with § 133.308(r)(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 respondent raised no other reasons for denying reimbursement for Bextra and Ultracet.

This Findings and Decision is hereby issued this 4th day of December 2003.

Georgina Rodriguez
Medical Dispute Resolution Officer
Medical Review Division
GR/gr

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 dates of service 10-08-02 through 10-21-02 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)).

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This Order is hereby issued this 4th day of December 2003.

Georgina Rodriguez
Medical Dispute Resolution Officer
Medical Review Division
GR/gr

December 2, 2003

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

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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 Doctor of Osteopathy board certified in Anesthesiology and specialized in Pain Management. The reviewer is on the TWCC Approved Doctor List (ADL). 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

___ injured her lumbar spine on ___ in a work-related injury. She has had periodic treatment by ___ as late as 10/7/02. Her apparent treatment course has been medical management with Nsaids and now narcotic analgesics. An independent review form 7/27/02 by ___ states that she was found negative MMI on 5/22/94. Further, ___ indicated in that narrative that no specific lumbar pathology unusual to this patient's age group was delineated in diagnostic studies. There was also indication by ___ that this patient's musculoskeletal condition had resolved.

Conversely, ___ letter of 11/6/02 lists the patient's lumbar pathology as disc herniation without myelopathy. He also reported that she remained active with the aid of ongoing medical treatment.

DISPUTED SERVICES

Under dispute is the medical necessity of Bextra and Ultracet from 10/8/02 – 10/21/02.

DECISION

The reviewer disagrees with the prior adverse determination.

BASIS FOR THE DECISION

Periodic medical management of lumbar injuries is reasonable and many times necessary. Specifically, Bextra and Ultracet, as prescribed in this case, should be allowed in the treatment regimen.

Lumbar disc herniations can result in ongoing long-term pain issues. Discogenic pain is well described in the recent and past literature; as well, medical management in conjunction with physical therapy/activity are widely accepted treatment courses for discogenic pain with associated myofascial involvement.

___ 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,