

MDR Tracking Number: M5-04-0364-01

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 October 6, 2003.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity for TWCC 73, injection/procedure Chemonucleolysis, Marcaine, injection- Methylprednisolone, sterile saline/water, injection tendon sheath, and injection triamcinolone. 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 TWCC 73, injection/procedure Chemonucleolysis, Marcaine, injection- Methylprednisolone, sterile saline/water, injection tendon sheath, and injection triamcinolon.

This Findings and Decision is hereby issued this 2<sup>nd</sup> 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 10-4-02 through 10-18-03 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 Order is hereby issued this 2<sup>nd</sup> day of December 2003.

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division  
RL/gr

November 26, 2003

## NOTICE OF INDEPENDENT REVIEW DECISION

**RE: MDR Tracking #: M5-04-0364-01**

\_\_\_ 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 the \_\_\_ external review panel. The reviewer has met the requirements for the ADL of TWCC or has been approved as an exception to the ADL requirement. This physician is board certified in neurology. The \_\_\_ 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, the \_\_\_ physician reviewer certified that the review was performed without bias for or against any party in this case.

### Clinical History

This case concerns a 53 year-old male who sustained a work related injury on \_\_\_. The patient reported that while at work he fell down some stairs injuring his back and knee. The patient underwent an EMG 9/12/96. An MRI dated 5/31/96 showed recurrent disc herniation on the right at L3-L4, post surgical changes consistent with hemilaminectomy at L3 and L4, multiple areas of disc dessication, degenerative changes at L4-L5 and moderated foraminal narrowing bilaterally. A myelogram dated 7/23/96 showed herniated nucleus pulposus L3, possible fragment posteriorly on the left slightly caudad to the L3 disc, possible adhesive arachnoiditis, asymmetry of the L5 and S1 roots, and post operative changes in the laminae on the right of L3, L4 and L5. The patient underwent another myelogram on 5/22/97 that indicated posterior effusion from L3-L5. The patient has also undergone a CT scan of the lumbar spine on 6/6/03 that showed extensive lumbar spondylosis with extensive disc space narrowing and vacuum disc phenomenon at L2-L3. The patient has undergone bilateral hemi-laminectomies at L4-L5 and L5-S1 inter-body fusion and anterior hardware. The patient has been treated with oral medications, physical therapy and epidural steroid injections on 9/20/02, 10/4/02 and 10/18/02.

### Requested Services

TWCC-730 Injection/procedure chemonucleolysis, Marcaine Injection Methylprednisolone, sterile saline/water, Injection tendon sheath, Marcaine 3cc %5, Injection triamcinolone acetoinin on 10/18/02.

### Decision

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

### Rationale/Basis for Decision

The \_\_\_ physician reviewer noted that this case concerns a 53 year-old male who sustained a work related injury to his back and knee on \_\_\_. The \_\_\_ physician reviewer also noted that the patient has undergone bilateral hemi-laminectomies at L4-L5 and L5-S1 interbody fusion and anterior hardware. The \_\_\_ physician reviewer further noted that the patient has undergone epidural steroid injections on 9/20/02, 10/4/02 and 10/18/02. The \_\_\_ physician reviewer explained that epidural steroid injections are routinely given in sets of three. The \_\_\_ physician reviewer also explained that the 10/18/02 visit was the third injection in a series of three. The \_\_\_ physician reviewer further explained that TPI's are less clearly indicated as there are no clear guidelines or typical number of injections. However, the \_\_\_ physician reviewer indicated that the TPI's are reasonable for treatment of this members condition. The \_\_\_ physician consultant concluded that the TWCC-73, Injection/procedure chemonucleolysis, Marcaine Injection Methylprednisolone, sterile saline/water, Injection tendon sheath, Marcaine 3cc %5, Injection triamcinolone acetoinin on 10/18/02 were medically necessary to treat this patient's condition.

Sincerely,