

THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER:

SOAH DOCKET NO. 453-04-3603.M5

MDR Tracking Number: M5-04-0434-01

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 assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 10-10-03.

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(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 office visits, therapeutic procedures, myofascial release, joint mobilization and neuromuscular re-education were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

This Findings and Decision are hereby issued this 26th day of January 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical review Division

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 01-15-03 through 04-10-03 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 26th day of January 2004.

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

January 27, 2004

Rosalinda Lopez
Texas Workers' Compensation Commission
Medical Dispute Resolution
Fax: (512) 804-4868

Re: MDR #: M5-04-0434-01
IRO Certificate No.: IRO 5055

REVISED REPORT
MDR # corrected from M5-04-0454-01

___ 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 Pain Management.

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.

Clinical History:

According to available documentation, this patient was involved in an incident on _____. The patient noted immediate low back pain and subsequently noted pain in her right buttock and posterior thigh.

This patient underwent interventional pain management procedures on 11/14/02 and on 01/09/03 to include percutaneous transforaminal injections of the bilateral L5 and S1 nerve roots, percutaneous epidural blockade, and bilateral L5-S1 nerve roots, and multilevel lumbar chemical lysis of adhesions. After that time, the patient continued to complain of pain. The treating physician ordered physical medicine modalities and chiropractic manipulation to increase range of motion, increase exercise tolerance, McKenzie exercises for lumbar spine, joint mobilization, and myofascial releases.

The patient participated in these treatment sessions 16 times from 01/15/03 through 02/27/03 with increased stretching, decreased pain, increased endurance, improved walking stability, improved range of motion, and overall endurance function. Interventional pain management injections were repeated on 02/20/03 with a continued active rehabilitation program ordered from 02/27/03 through 04/01/03 with patient continuing to make steady progress in functional capabilities. This patient underwent discography on 04/11/03 and continued her rehabilitation program at ____ until 04/10/03.

Disputed Services:

Office visits, therapeutic procedures, myofascial release, joint mobilization, and neuromuscular re-education during the period of 01/15/03 through 04/10/03.

Decision:

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that the treatment and services in dispute as stated above were medically necessary in this case.

Rationale:

Literature supporting medical need for above services is noted in the following studies:

1. Bhat, V.B., Bhat, A., Lutz, G., Cammisa, F.: *Transforaminal Epidural Steroid Injections in Lumbosacral Radiculopathy*. "Spine," 2002; 27:11-16.
2. Dugan, S.A., Frost, D.A., Sullivan, K.P.: *An Active and Cost-Conserving Approach to the Management of Low Back Pain*. "Hospital Physician," 2002, Pages. 55-66.
3. Vasudevan, S.B.: *Physical Rehabilitation and Managing Pain*. "Pain Clinical Updates," November 1997, V5 (3): 1-7.

These articles, in addition to the standard textbooks of physical medicine and rehabilitation, including those by Delisa Braddom and others, consistently support the use of organized therapy/mobilization programs in conjunction with interventional pain techniques, including the injections described for this patient.