

MDR Tracking Number: M5-04-0614-01

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 8, 2003.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. 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 prescription medications were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for prescription medications.

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 06/18/03 through 08/18/03 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 14th day of January 2004.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

PR/pr

January 9, 2004

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-04-0614-01

___ 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 anesthesiology. 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 male who sustained a work related injury on ___. The patient reported that while at work he was hit in the back of the neck with a box. The patient underwent several MRI scans of the cervical spine, brain, thoracic spine and lumbar spine. On 7/31/99 the patient also underwent a MR Angiography of the circle of Willis/neck and a carotid ultrasound. A cervical myelogram followed by cervical CT scan was performed on 8/23/99. Further diagnostic studies have included X-Rays of the chest on 9/13/99 and 2/24/99, X-Rays of the cervical spine on 11/3/98, 4/17/00 and 3/19/01, and a shoulder X-Ray on 4/23/02. An EKG was performed on 7/30/99. Diagnoses for this patient have included lumbar and cervical sprain/strain and chronic cervical pain. Treatment for this patient's condition has included cervical facet arthrogram injection on 4/17/00 and oral medications that have included Hydrocodone, Methadone, Carisoprodol, Senna, Prevacid and Effexor XR.

Requested Services

Prescription medications from 6/18/03 through 8/18/03.

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 48 year-old male who sustained a work related injury to his neck on ___. The ___ physician reviewer indicated that the patient has persistent neck pain since this injury. The ___ physician reviewer noted that the patient has been treated with oral medications, cervical facet arthrogram injection and has been followed by a pain management specialist. The ___ physician reviewer explained that other interventions have been recommended for this patient, however the patient has not engaged in anything other than medical treatment for his chronic pain condition. The ___ physician reviewer indicated that this patient's pain management specialist documented that the patient required pain control at an Opiate level and therefore was treating this patient with Methadone, Norco, Soma, Effexor, Prevacid and Senekot. The ___ physician reviewer explained that the patient has a chronic pain condition on the basis of the sustained work related injury of ___ and required medical therapy for pain control during the period of 6/18/03 through 8/18/03. Therefore, the ___ physician consultant concluded that the prescription medications from 6/18/03 through 8/18/03 were medically necessary to treat this patient's condition.

Sincerely,