

MDR Tracking Number: M5-04-0713-01

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 November 5, 2003.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the MRI of the lumbar, neck and arm were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Division has determined that fees were the only fees involved in the medical dispute to be resolved. As the treatments listed above were not found to be medically necessary, reimbursement for date of service from 05/14/03 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 23rd day of January 2004.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division
PR/pr

January 22, 2004

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

AMENDED DECISION
Corrected TWCC#

Re: MDR #: M5-04-0713-01
IRO Certificate No.: IRO 5055

___ 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 certified in Chiropractic Medicine.

Clinical History:

This female claimant was injured on her job on _____. She underwent initial exam on 05/10/03, with an evaluation on 06/11/03. She was diagnosed on 05/12/03 with cervical lumbar sprain/strain and left shoulder internal derangement with sprain/strain.

Disputed Services:

MRI's of lumbar, neck and arm on 05/14/03.

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that the MRI's in dispute were not medically necessary in this case.

Rationale:

The initial exam and reevaluation documented no radicular symptoms, which would have suggested that the injury was one of a more severe nature to include nerve or any type of internal damage such as herniated nucleus pulposus or torn rotator cuff. Even the findings on the MRI are within normal limits. The history clearly suggests a sprain/strain injury. An MRI would be indicated only if the patient did not respond as expected to the typical 8 weeks of rehabilitation following the injury.

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.

Sincerely,