

MDR Tracking Number: M5-04-1171-01

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 December 20, 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 Tizanidine, Bextra, Topamax, Celexa, Trazodone, Tramadol, Zoloft, Neurontin, and lorazepam 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 treatment listed above were not found to be medically necessary, reimbursement for dates of service from 01-30-03 to 03-24-03 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 24th day of February 2004.

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

February 20, 2004

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

**REVISED REPORT
Corrected TWCC#**

Re: MDR #: M5-04-1171-01
IRO Certificate No.: 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.

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.

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.

REVIEWER'S REPORT

Clinical History:

The claimant in this case sustained back injury in mid ___ while at work. Lumbar MRI was essentially normal. Diagnosis of lumbar strain/sprain was entertained. Treatment course through early 2003 included physical therapy sessions, participation in work hardening programs, epidural steroid injections, SI joint injections, multiple trigger point injections, extensive medical management, psychiatric evaluation, and therapy sessions. In spite of the extent of treatment modalities directed at this issue, there were insignificant improvements noted over an extended period of time.

Disputed Services:

Tizanidine, bextra, topamax, Celexa, trazodone, tramadol, Zoloft, Neurontin, and lorazepam during the period of 01/03/03 through 03/24/03.

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that the medications in dispute as stated above were not medically necessary in this case.

Rationale:

Due to lack of subjective indicators of existing lumbar pathology, along with the lack of response to prolonged medical therapy, it is pointless to continue medicalization of this case. In addition, there are indicators within the materials provided that suggests ongoing back pain issues, if they exist, may be related to a rheumatoid disease process. The reviewer lends less credence to the subjectification of pain issues in this case. There is also no indication in the treating physician's progress notes to indicate any degree of substantial improvement from painful lumbar issues throughout the course of the period of treatment.

Sincerely,