

MDR Tracking Number: M5-04-1291-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 titled Medical Dispute Resolution of a Medical Fee Dispute, 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. This dispute was received on 1-9-04.

The IRO reviewed discography on 5-28-03.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. Consequently, the requestor is not owed a refund of the paid IRO fee.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 5-18-04, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Max. Allowable Reimbursement)	Reference	Rationale
5-28-03	72295-WP	\$666.00	\$0.00	F	\$462.00	Rule 133.307 (g)(3) (A-F)	Preauthorization was obtained for a provocative discogram @ L3-4, L4-5, L5-S1 w/ fluoroscopy and IV sedation. Carrier reimbursement all three levels. Relevant information supports discography at all three levels. Therefore, recommend reimbursement of \$462.00 x 2 = \$538.00.
5-28-03	72295-WP	\$666.00	\$0.00	F			
TOTAL							The requestor is entitled to reimbursement of \$538.00.

ORDER

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for 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 for date of service 5-28-03 in this dispute.

This Order is hereby issued this 17th day of June 2004.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

May 3, 2004

Re: IRO Case # M5-04-1291-01

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Neurological Surgery, and who has met the requirements for TWCC Approved Doctor List or has been approved as an exception to the Approved Doctor List. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or

providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

Medical Information Reviewed

1. Table of Disputed Services
2. Explanation of benefits
3. Letter from medical provider's administrator to IRO
4. Procedure report Provocative Discography at three levels 5/28/03
5. Addendum to discogram
6. Letter from AMA 2/19/98

History

The patient was injured in ___ and developed back pain. Evaluation of his problem included lumbar discographic evaluation on 5/28/03. A separate charge was made for fluoroscopic control during the procedure.

Requested Service(s)

Separate charge 72295 fluoroscopic control for discography 5/28/03

Decision

I agree with the carrier's decision to deny the requested separate charge for fluoroscopy.

Rationale

The administrator for the medical provider indicated in her note to the IRO that "According to Advisory 97-01, 'if a healthcare provider believes fluoroscopic assistance is medically necessary when performing an injection on a particular patient, and it is not included in the procedure, the provider shall bill the appropriate CPT code for the injection and the appropriate CPT code for the fluoroscopic assistance.'"

There is no question that fluoroscopic control, or x-ray control otherwise, is included in the procedure of discographic evaluation. The procedure cannot even be considered done without fluoroscopic control, and it is certainly an integral part of the process.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.