

MDR Tracking Number: M5-04-1758-01

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 February 17, 2004.

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 Seroquel, Alprazolam, Tizanidine, Maxalt-MLT, Ambien, Oxycodone, Duragesic, Lexapro, and Percocet from 02/17/03 through 05/15/03 were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

This Findings and Decision is hereby issued this 5th day of May 2004.

Patricia Rodriguez
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 02/17/03 through 05/15/03 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 5th day of May 2004.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/pr

April 30, 2004

**NOTICE OF INDEPENDENT REVIEW DECISION
Corrected Letter**

RE: MDR Tracking #: M5-04-1758-01

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The ___ 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 50 year-old female who sustained a work related injury on _____. The patient reported that while at work she injured her back when a patient fell on her. An initial visit note from a treating pain management specialist indicated that the patient was initially treated with conservative modalities. It also indicated that the patient underwent an MRI of the lumbar spine in April of 2000 that indicated abnormal disc at L4-4 and L4-5. It noted that in December of 2000 the patient underwent spinal fusion with instrumentation. It also noted that postoperatively, the patient continued to complain of pain and was treated with Duragesic and Oxycontin. It indicated that the assessment was chronic lumbar nerve root injury. It explained that the plan for this patient was to seek authorization for a spinal cord stimulator trial and that the patient was prescribed a Medrol Dose pack. A progress note dated 3/7/03 indicated that the patient had chronic lumbar nerve root injury, lumbar postlaminectomy syndrome, and ongoing depression as well as experiencing some hypo and hypertension. It noted that the plan was that the patient would be prescribed Ambien for difficulty sleeping, and Percocet for pain. It also noted that an updated MRI would be obtained prior to cord stimulator placement. On 3/14/03 the patient was prescribed Kadian and Phernergan. A progress note dated 5/12/03 indicated that the patient's current medications were helping in a small degree. It noted that the patient's prescription for Xanax was refilled and the patient was referred for a psychological evaluation. A letter written on 7/25/03 indicated that the patient had been taking Lexapro and Percocet in May of 2003 for ongoing severe back pain causing secondary depression related to her original injury on _____ and subsequent lumbar spine injury.

Requested Services

Seroquel, Doxepin, Alprazolam, Tizanidine, Maxalt-MLT, Ambien, Oxycodone, Duragesic, Lexapro, and Percocet from 2/17/03 through 5/15/03.

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 50 year-old female who sustained a work related injury to her back on ____. The ___ physician reviewer indicated that subsequent evaluation revealed disc disease at the L3-4 and L4-5. The ___ physician reviewer noted that the patient had not responded to conservative treatment and underwent a spinal fusion with instrumentation in 12/00. The ___ physician reviewer also noted that postoperatively the patient had continued complaints of pain in the low back requiring medical therapy with various medical regimens. The ___ physician reviewer indicated that the patient had been evaluated by chronic pain management specialists and had also underwent evaluation for insertion of a spinal cord stimulator. The ___ physician reviewer noted that the patient had developed depression with anxiety and insomnia as a result of her chronic pain condition and had undergone a psychological evaluation. The ___ physician reviewer explained that the patient's injury resulted in the diagnoses of chronic lumbar nerve root injury, postlaminectomy syndrome, depression, anxiety and insomnia, in addition to migraine headaches that were exacerbated by her chronic pain syndrome. The ___ physician reviewer also explained that the medications prescribed for this patient were for the specific treatment of a pain syndrome that was the direct result of a work related injury. The ___ physician reviewer further explained that all the medications prescribed for this patient were medically reasonable and necessary for the treatment of this patient's condition. Therefore, the ___ physician consultant concluded that the Seroquel, Doxepin, Alprazolam, Tizanidine, Maxalt-MLT, Ambien, Oxycodone, Duragesic, Lexapro, and Percocet from 2/17/03 through 5/15/03 were medically necessary to treat this patient's condition.

Sincerely,