

MDR Tracking Number: M5-04-2391-01

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 assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 4-01-04.

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 \$460** 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. All claims associated with the epidural steroid injections including supplies/materials by physician, fluoroscopy, and LW Osmolar contrast billed from 4/24/03 through 6/12/03 were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed service.

This Findings and Decision is hereby issued this 13th day of July 2004.

Regina L. Cleave
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 4/24/03 through 6/12/03 through 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 13th day of July 2004.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

NOTICE OF INDEPENDENT REVIEW DECISION

June 10, 2004

MDR Tracking #: M5-04-2391-01
IRO Certificate #: IRO4326

The ___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. ___'s health care professional has signed a certification statement stating 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 the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This patient sustained a work-related injury on ___ when he was sitting in a chair and it broke causing him to fall and hit his back on the floor. An MRI performed on 03/08/02 revealed a moderate left L4 neural foraminal narrowing secondary to a 3mm lateral disc protrusion or herniation and moderate L4-L5 degenerative disc disease. The patient was treated by a chiropractor and was referred to ___ for a series of epidural steroid injections.

Requested Service(s)

All claims associated with the epidural steroid injections including supplies/material by physician, fluoroscopy, and LW Osmolar contrast billed from 04/24/03 through 06/12/03.

Decision

It is determined that all claims associated with the epidural steroid injections including supplies/material by physician, fluoroscopy, and LW Osmolar contrast billed from 04/24/03 through 06/12/03 were medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The medical record documentation indicates that the patient was injured on the job when his chair broke and he fell to the floor. An aggressive treatment program was begun and appropriate diagnostic testing was performed. He was also referred for additional evaluations.

He completed a thorough treatment program and he continued to experience problems. A follow-up evaluation by a neuro-surgeon in January indicated the possible need for surgery. Prior to opting for surgery, he was evaluated and injections were recommended and the injections are the area of disputed services.

The records indicate that this patient has significant injuries and intensive conservative treatment had been performed with limited results. National treatment guidelines allow for injections in cases of this nature when there is a positive MRI, minimal favorable response to conservative care, and a surgical consultation that recommends a further workup for possible surgical intervention. Therefore, the all claims associated with the epidural steroid injections including supplies/material by physician, fluoroscopy, and LW Osmolar contrast billed from 04/24/03 through 06/12/03 were medically necessary for treatment of this patient's on the job injury.

Sincerely,