

MDR Tracking Number: M5-04-2526-01

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 04-13-04.

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 \$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 not the only issue** to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 07-20-04, 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.

Revenue codes 120 and 200 were pre-authorized and subsequently denied for medical necessity. These services will be reviewed as **fee** issues. The requestor submitted relevant information to support delivery of service per Rule 133.307(g)(3)(A-F). Reimbursement is recommended in the amount of \$770.00 for revenue code 120 and \$900.00 for revenue code 200 for a total reimbursement of **\$1,670.00**.

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

Debra L. Hewitt
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 date of service 04-14-03 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 August 2004.

David R. Martinez, Manager
Medical Dispute Resolution
Medical Review Division

DRM/dlh

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NOTICE OF INDEPENDENT REVIEW DECISION

July 16, 2004

Re: IRO Case # M5-04-2526 amended 7/20/04, 8/3/04

Texas Worker's Compensation Commission:

Envoy Medical Systems, LP (Envoy) 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 Envoy for an independent review. Envoy has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, Envoy 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 Envoy 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 Envoy 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. Report of x-ray cervical spine 4/30/03
4. Report of CT scan cervical spine 4/14/03
5. Operative report 4/14/03, 2/24/03
6. Initial visit report 1/30/03
7. Note 3/26/03
8. Letter 5/22/03
9. Spine center notes
10. Post operative orders and progress notes

History

The patient is a 53-year-old male who was injured in ___ when he fell, hitting his head and right arm. He developed pain that has persisted. His discomfort persisted despite various measures to relieve it, including placement of a spinal cord stimulator. On 4/14/03 repositioning of the spinal cord stimulator was performed, and based on the records provided for review, this appeared to be indicated. Throughout the procedure, the patient developed some clonic movements in his right arm. Post-operatively, the patient had an emergency CT scan of the cervical spine, probably because of the potential of spinal cord pathology developing secondary to the operation, as evidenced by the patient's increased arm pain and the problems that were present during surgery which were not explained.

Requested Service(s)

Drugs/generic, IV solutions, drugs/other, sterile supply, lab, DX x-ray, CAT scan – cervical spine without contrast, CAT scan reconstruction, OR services, anesthesia, respiratory services, drug/detail code, recovery room, EKG/ECG, treatment room 4/14/03

Decision

I disagree with the carrier's decision to deny the requested services.

Rationale

The patient's surgery was indicated, and the potential problems that developed post-

operatively required intensive care unit observation and scanning in order to rule out correctable post-operative complications. All of the disputed services were necessary in dealing with the patient's trouble.

The post-operative problems could have been better explained in the post-operative progress notes, but that they were not does not alter this opinion.

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