

MDR Tracking Number: M5-04-2805-01

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. This dispute was received on 4-30-04.

The IRO reviewed the medical necessity of infusion D5W and injection Fentanyl Citrate rendered on 12-15-03 that were denied based upon "U".

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.

On August 20, 2004, 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.

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

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
12-15-03	36000-59	\$80.00	\$0.00	G	\$39.61 or lesser amount, TWCC60 indicates \$11.00	Rule 133.307(g)(3)(B)	Place Needle in Vein – Requestor did not support position that this service was not global to other services provided on this date.
	72275TC-59	\$350.00	\$0.00	G	\$107.84 or lesser amount, TWCC60 indicates \$92.00	Rule 133.307(g)(3)(B)	Epidurography - Requestor did not support position that this service was not global to other services provided on this date.
	72040-TC	\$55.00	\$0.00	N	\$29.63	Rule 133.307(g)(3)(B)	Report to support service billed was not submitted, no reimbursement is recommended.
	A4550	\$85.00	\$0.00	G		Rule 133.307(g)(3)(B)	Requestor did not support position that this service was not global to other services provided on this date.
	99499-59	\$600.00	\$0.00	A, G	F&R	Section 413.011(d)	Requestor did not support amount billed complied with statute, therefore, no additional reimbursement is recommended.

12-15-03	A4930	\$12.20	\$0.00	G		Rule 133.307(g)(3)(B)	Requestor did not support position that this service was not global to other services provided on this date.
	A4305	\$130.00	\$0.00	G			Requestor did not support position that this service was not global to other services provided on this date.
	A4615	\$23.40	\$0.00	G			Requestor did not support position that this service was not global to other services provided on this date.
	A4618	\$35.00	\$0.00	G			Requestor did not support position that this service was not global to other services provided on this date.
	99141	\$100.00	\$0.00	G	NRF		Requestor did not support position that this service was not global to other services provided on this date.
	J1040	\$70.00	\$9.25	M		Section 413.011(d)	Requestor did not support amount billed complied with statute, therefore, no additional reimbursement is recommended.
	J3490	\$60.00	\$0.00	N		Rule 133.307(g)(3)(B)	Report to support service billed was not submitted, no reimbursement is recommended.
	J3490	\$30.00	\$4.23	S, M		Section 413.011(d)	Requestor did not support amount billed complied with statute, therefore, no additional reimbursement is recommended.
	J2250	\$30.00	\$1.43	M		Section 413.011(d)	Requestor did not support amount billed complied with statute, therefore, no additional reimbursement is recommended.

IV. DECISION & 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 infusion D5W and injection Fentanyl Citrate 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 Decision is applicable for date of service 12-15-03 in this dispute.

In accordance with §133.308(q)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$650.00** for the paid IRO fee.

The above Findings, Decision and Order are hereby issued this 2nd day of December 2004.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division

July 12, 2004

David Martinez
TWCC Medical Dispute Resolution
4000 IH 35 South, MS 48
Austin, TX 78704

Patient:
TWCC #:
MDR Tracking #: M5-04-2805-01
IRO #: 5251

Ziroc has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to Ziroc for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

Ziroc has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Medical Doctor board certified and specialized in Orthopedic Surgery. The reviewer is on the TWCC Approved Doctor List (ADL). The Ziroc health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Ziroc for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

_____ is a patient of Patrick McMeans, M.D. The patient underwent a cervical ESI with needle localization and a cervical epidurogram on December 15, 2003 at States Pain Management, specifically with Nestor Cruz, M.D. Medical records indicate the patient was injured on or about _____ while employed for _____. The specific mechanism of injury and treatment leading up to the cervical ESI are not in the record provided for review. Provided for review were the operative report by Dr. Cruz and multiple billing records.

DISPUTED SERVICES

Under dispute is the medical necessity of infusion D5W (J7070) and injection Fentanyl Citrate (J3010).

DECISION

The reviewer disagrees with the prior adverse determination.

BASIS FOR THE DECISION

Using standard treatment guidelines and pain management guidelines for a cervical ESI, the reviewer finds that the disputed infusion of D5W and the injection of Fentanyl Citrate were both reasonable and necessary for this patient. Please note in the procedural note done on December 15, 2003, it was noted that the patient was given IV sedation presumably infusion of D5W as an IV with Fentanyl Citrate as the sedative medicine in preparation of the cervical epidural steroid injection and the cervical epiduragram.

Ziroc has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Ziroc has made no determinations regarding benefits available under the injured employee's policy

As an officer of ZRC Services, Inc, dba Ziroc, I certify that there is no known conflict between the reviewer, Ziroc and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Ziroc is forwarding this finding by US Postal Service to the TWCC.

Sincerely,

A handwritten signature in black ink, appearing to read "Nan Cunningham", written in a cursive style.

Nan Cunningham
President/CEO

CC: Ziroc Medical Director