

MDR Tracking Number: M5-04-2975-01

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 05-11-04.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the MRI of the spinal canal and contents, lumbar without contrast material was not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that fees were the only fees involved in the medical dispute to be resolved. As the service listed above was not found to be medically necessary, reimbursement for date of service 09-15-03 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Findings and Decision is hereby issued this 10th day of August 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division
DLH/dlh

August 4, 2004

NOTICE OF INDEPENDENT REVIEW DECISION

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___ 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 neurology and is familiar with the condition and treatment options at issue in this appeal. 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 male who sustained a work related injury on ____. The diagnoses for this patient have included lumbar disc bulge and lumbar sprain/strain. The patient had been treated with conservative measures that included physical therapy and stretching exercises. On 9/12/03 the patient underwent an MRI of the lumbar spine that indicated a 1 to 2mm bulge as well as minimal facet arthroses at the L3-4 and L-5 levels. The patient continued with treatment that consisted of flexion, extension and stretching.

Requested Services

MRI of the spinal canal and contents, lumbar without contrast material on 9/15/03

Documents and/or information used by the reviewer to reach a decision:

Documents Submitted by Requestor:

1. Peer review 10/13/03
2. MRI report 9/12/03

Documents Submitted by Respondent:

1. No documents submitted

Decision

The Carrier's determination that these services were not medically necessary for the treatment of this patient's condition is upheld.

Rationale/Basis for Decision

The ___ physician reviewer noted that this case concerns a male who sustained a work related injury to his lumbar spine on ____. The ___ physician reviewer also noted that the diagnoses for this patient have included lumbar disc bulge and lumbar sprain/strain. The ___ physician reviewer further noted that treatment for this patient's condition has included conservative care including physical therapy and stretching exercises. The ___ physician reviewer explained that the documentation provided did not include clinical details (symptoms on exam). The ___ physician reviewer also explained that the patient had been diagnosed with a lumbar strain/sprain. The ___ physician reviewer further explained that there are no radicular or cauda equina symptoms to justify the lumbar spine MRI. Therefore, the ___ physician consultant concluded that the MRI of the spinal canal and contents, lumbar without contrast material on 9/15/03 was not medically necessary to treat this patient's condition.

Sincerely,