

MDR Tracking Number: M5-04-3320-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 titled Medical Dispute Resolution of a Medical Fee Dispute, 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 6-1-04.

The IRO reviewed prolonged office visit, myelography, electrocardiogram (tracing only), anesthesia for cervical spine by independent CRNA, noninvasive ear/pulse oximetry, fluoroscopic localization, injection of neurolytic substance, A4645, A4550, A4215, J3010, J2000, J3360, J7040, J2765, J0690, J1200, J2175, J2550, and J3301 on 7-24-03 and 8-13-03.

The Medical Review Division has reviewed the IRO decision and determined that the **requestor prevailed** on the majority of the medical necessity issues. The IRO concluded that the electrocardiogram (tracing only), anesthesia for cervical spine by independent CRNA, noninvasive ear/pulse oximetry, fluoroscopic localization, A4645, A4550, A4215, J3010, J2000, J3360, J7040, J2765, J0690, J1200, J2175, J2550, and J3301 on 7-24-03 and 8-13-03 were medically necessary. The IRO agreed with the previous determination that the injection of neurolytic substance, prolonged office visit, and myelography were not medically necessary. 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.

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

On 7-19-04, 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.

All services provided on date of service 6-18-03 had no EOBs submitted by either party. Per Rule 133.307(e)(2)(B), the requestor shall include a copy of each EOB, or if no EOB was received, convincing evidence of carrier receipt of

that request. Requestor submitted a fax confirmation sheet as convincing evidence of carrier receipt of request dated 4-21-04. Per Rule 133.307(e)(3)(B), the carrier is required to provide any missing information including absent EOBs not submitted by the requestor. The carrier's initial response to the medical dispute did not include the missing EOBs; therefore, reimbursement recommended as follows:

62289-22	\$263.00
72240-26	\$76.00
71030-26	\$30.00
76003-26	\$52.00
93005WP	\$26.00
94760WP	\$52.00
99354	\$106.00
00630-46	\$350.00 (8 RVUs + 2 time units = 10 x \$35.00)

DOP codes. The carrier did not raise the issue of fair and reasonable for a DOP code per Rule 133.1(8). Therefore, recommend reimbursement as billed for the following:

A4645	\$100.00
A4550	\$75.00
A4215	\$10.00
J3010	\$25.00 x 2 units = \$50.00
J2000	\$10.00
J3360	\$25.00 x 2 units = \$50.00
J7040	\$75.00
J2765	\$25.00
J2270	\$30.00
J3490	\$10.00 x 2 units = \$20.00

Code 62289-22 for date of service 7-24-03 and code 01905-QZ for date of service 8-13-03 had no EOBs submitted by either party. Per Rule 133.307(e)(2)(B), the requestor shall include a copy of each EOB, or if no EOB was received, convincing evidence of carrier receipt of the provider's request for an EOB. The requestor did not submit proof of request for an EOB for these two dates of service. Per Rule 133.307(e)(3)(B), the carrier is required to provide any missing information including absent EOBs not submitted by the requestor. The carrier's initial response to the medical dispute did not include the missing EOBs; therefore, no review could be conducted and no reimbursement recommended.

The above Findings and Decision is hereby issued this 5<sup>th</sup> day of November 2004.

Dee Z. Torres  
Medical Dispute Resolution Officer  
Medical Review Division

**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 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 for dates of service 7-24-03 and 8-13-03 in this dispute.

This Order is hereby issued this 5th day of November 2004.

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division

November 2, 2004

Texas Workers' Compensation Commission  
Medical Dispute Resolution  
Fax: (512) 804-4868

**CORRECTED REPORT**  
**Deleted "anesthesia for myelography"**  
**and all references to that service.**

Re: Medical Dispute Resolution  
MDR #: M5-04-3320-01  
TWCC#:  
Injured Employee:  
DOI:  
SS#:  
IRO Certificate No.: 5055

Dear

\_\_\_ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, \_\_\_ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of \_\_\_ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or

other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is certified in Physical Medicine & Rehabilitation and in Pain Management, and is currently on the TWCC Approved Doctor List.

## REVIEWER'S REPORT

### Information Provided for Review:

TWCC-60, Table of Disputed Services, EOB's

Information provided by Requestor: radiology and procedure reports.

Information provided by Treating Doctor: office visits, electrodiagnostic test and radiology report.

### Clinical History:

The claimant was 51 years old on 7/24/03 when he presented for a cervical ESI following a work-related injury accident on \_\_\_\_\_. The patient had failed medication and therapy attempts prior to the epidural steroid injections on 7/24/03 and 8/13/03.

### Disputed Services:

Prolonged office visit, myelography, electro-cardiogram-tracing only, anesthesia for cervical spine by independent CRNA, non-invasive ear/pulse oximetry, fluoroscopic localization, injection of neurolytic substance, A4645, A4550, A4215, J3010, J2000, J3360, J7040, J2765, J0690, J1200, J2175, J2550, J3301 on 07/24/03 and 08/13/03.

### Decision:

The reviewer partially agrees with the determination of the insurance carrier as follows on 07/24/03 and 08/13/03:

#### Medically Necessary

- electrocardiogram trace anomaly
- anesthesia for cervical spine by independent CRNA
- non-invasive ear pulse oximetry
- fluoroscopic localization
- A4645, A4550, A4215, J3010, J2000, J3360, J7040, J2765, J0690, J1200, J2175, J2550, J3301

#### Not Medically Necessary

- injection of neurolytic substance
- prolonged office visit
- myelography

### Rationale:

With regard to injection of neurolytic substance (62281), based on the records provided for review, there was no neurolytic substance injected as per the list of medications on the dates noted above.

With regard to myelography (72240-26), based on the records provided for review, there was no myelogram performed based on the operative report on the dates noted above.

With regard to a prolonged office visit (99354), there was no need for or documentation of this office visit, given the epidural steroid procedures that were performed.

The remainder of the items listed above, were medically necessary and appropriate for the cervical epidural steroid injections that were given.

Sincerely,