

**THIS DECISION HAS BEEN APPEALED. THE FOLLOWING
IS THE RELATED SOAH DECISION NUMBER:**

SOAH DOCKET NO. 453-05-1229.M5

MDR Tracking Number: M5-04-3438-01

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 (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 June 8, 2004.

The 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 injection-62310, injection-J1040, injection-J7050, injection-20550, unclassified drugs-J3490, injection-J3301, and injection-62311 **were 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 Division has determined that fees were the only fees involved in the medical dispute to be resolved. As the treatment listed above were not found to be medically necessary, reimbursement for dates of service from 08-22-03 to 09-26-03 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 3rd day of September 2004.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

PR/pr

Enclosure: IRO decision

MEDICAL REVIEW OF TEXAS

[IRO #5259]

3402 Vanshire Drive

Austin, Texas 78738

Phone: 512-402-1400

FAX: 512-402-1012

NOTICE OF INDEPENDENT REVIEW DETERMINATION

REVISION II - 8/30/04

TWCC Case Number:	
MDR Tracking Number:	M5-04-3438-01
Name of Patient:	
Name of URA/Payer:	Danny Bartel, MD
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician: (Treating or Requesting)	Danny Bartel, MD

July 30, 2004

An independent review of the above-referenced case has been completed by a medical physician board certified in physical medicine and rehabilitation. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating

physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

Sincerely,

Michael S. Lifshen, MD
Medical Director

cc: Texas Workers Compensation Commission

CLINICAL HISTORY

This is a 62 year old gentleman who in ____ was the driver of a commercial truck that was struck from behind by a smaller pick-up truck. This reportedly caused an extension hyperflexion injury. The evaluation noted degenerative and disc disease. Conservative treatment failed and a cervical surgery was undertaken. Post-operatively, pain was a difficult issue. Imaging studies did not identify any specific significant cervical disc pathology. However, epidural steroid injections were carried out, the efficacy was marginal. There is a gap in the records until mid 2003 and cervical pain was noted to be an issue. There is no objectification of any recurrent or new cervical disc lesion. The records reviewed do not provide any discussion or insight into the efficacy of the injections performed.

REQUESTED SERVICE(S)

Medical necessity of injection-62310; injection-J1040; injection-J7050; injection-20550; unclassified drugs-J3490; injection-J3301; and injection-62311 for dates of service 8/22/03 through 9/26/03.

DECISION

Denied. This was not reasonable or necessary care for the injury

RATIONALE/BASIS FOR DECISION

This is a 62 year old gentleman with degenerative disease and a history of a cervical fusion. There is no competent, objective and independently confirmable medical evidence presented of a disc lesion in the cervical spine to warrant the first CESI. Additionally, there is no follow-up documentation presented determining if there was any improvement after the first or second injection. Regarding the tendon sheath injections, the procedure notes indicate that this was a trigger point injection and not a tendon sheath injection. Moreover, there is

not clinical indication for this and this could have been handled as an in office procedure. This would not require the special procedure room. In that the injections (ESI and tendon sheath) are not indicated, the medications used would not be considered as reasonable and necessary care.

The lack of documentation of pre-procedure pathology, the lack of any documentation of the efficacy of the first or second injections and the incorrect coding make this an unsupportable situation.