

MDR Tracking Number: M5-04-3659-01

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 29, 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 Lortab 7.5 mg, Zanaflex (Tizanidine) 2mg, Zoloft 50mg, Neurontin 800mg, Ambien 10mg, and Duragesic patches 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 07-01-03 to 08-05-03 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 27th day of August 2004.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division
PR/pr

MEDICAL REVIEW OF TEXAS

[IRO #5259]

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NOTICE OF INDEPENDENT REVIEW DETERMINATION

REVISED 8/26/04

TWCC Case Number:	
MDR Tracking Number:	M5-04-3659-01
Name of Patient:	
Name of URA/Payer:	
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician:	

August 18, 2004

An independent review of the above-referenced case has been completed by a medical physician board certified in neurology. 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,

CLINICAL HISTORY

Documents submitted for review include initial consultation by Dr. B, MD and multiple follow-up notes. EMG/NCV report from Dr. B 3/24/99. MRI scan reports of the lumbosacral spine. Alamo Images, Inc. RME Dr. K 8/19/99. DD evaluation Dr. P 10/23/99. MRIs lumbar spine 6/24/99, 2/28/2000. Neurosurgical evaluation and follow-up notes Dr. S in 2/8/2000 etc. Orthopedic spinal evaluation Dr. J, MD. RME Dr. Z 10/26/2000. Discogram 3/8/02. Orthopedic evaluations Dr. G 1/15/02 and follow-ups. Behavioral healthcare associated evaluation 10/31/02. CORE preauthorization assessments.

A 39-year-old male who was injured on ___ when the drill bit on a concrete drill, which he was using at that time, became jammed. He immediately felt a severe pain in the lower back. This was associated with numbness in both thighs. There was a pre-existing lower back

injury; reportedly a herniated lumbar disc which was at that time undergoing treatment. Initially the condition was felt to represent an acute lumbosacral strain. There was prolonged treatment with physical therapy, various medications, and epidural steroid injections and intramuscular Toradol. Lumbar laminectomy with discectomy at L3-4 and L4-5 with posterior interbody fusion using Brantigan cages of combination of allograft/autograft for fusion and intraoperative spinal cord monitoring was performed on 6/19/02. The pain has remained basically unchanged both before and after surgery.

REQUESTED SERVICE(S)

Lortab 7.5mg, Zanaflex 2mg, Zoloft 50mg, Neurontin 800mg, Ambien 10mg, and Duragesic patches

DECISION

Denied.

RATIONALE/BASIS FOR DECISION

Based upon the voluminous records delineated above, it is apparent that no treatments offered this patient whether physical modalities, medications, "needle procedure," or surgery have offered this patient any detectable degree of anything like sustained relief. Adding into this the fact that there was a "non-detected" serum hydrocodone level in April 2002 performed by Dr. B when the patient's sole opioid medication was hydrocodone and when the patient at that time listed his pain at a "10," it is hard to make any clear case for usage of any medications at all in this patient. Many medications have been tried and all have failed to effect any relief. Physical therapy has provided no relief. Injection procedures have not provided any relief. Surgery has provided no relief. Medications have provided no relief. He appears to not even have been taking his medication; therefore, there is no reason to continue with this line of medications.