

MDR Tracking Number: M5-04-3804-01

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 7-6-04.

Dates of service 4-20-04 and 4-23-04 were withdrawn by the requestor in a letter dated 1-3-05. Therefore, they will not be a part of this review.

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 prescription medications Neurontin and Hydrocodone for 3-23-04 and 3-26-04 were not medically necessary. Therefore, the requestor is not entitled to a reimbursement of the paid IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for dates of service 3-23-04 and 3-26-04 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Finding and Decision is hereby issued this 4th day of January 2005.

Donna Auby
Medical Dispute Resolution Officer
Medical Review Division

Enclosure: IRO Decision

NOTICE OF INDEPENDENT REVIEW DECISION

December 8, 2004

Program Administrator
Medical Review Division
Texas Workers Compensation Commission
7551 Metro Center Drive, Suite 100, MS 48
Austin, TX 78744-1609

RE: Injured Worker:
MDR Tracking #: M5-04-3804-01
IRO Certificate #: IRO4326

The Texas Medical Foundation (TMF) has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to TMF for independent review in accordance with TWCC §133.308 which allows for medical dispute resolution by an IRO.

TMF has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a TMF physician reviewer who is board certified in anesthesiology which is the same specialty as the treating physician, provides health care to injured workers, and licensed by the Texas State Board of Medical Examiners in 1989. The TMF physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to TMF for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This male patient injured his low back on ___ in a work related activity. He also complains of left leg radiculopathy and chronic hip pain. He has been treated with therapy and medications.

Requested Service(s)

Prescription medications Neurontin and Hydrocodone for dates of service 03/23/04 and 03/26/04

Decision

It is determined that there is no medical necessity for the prescription medications Neurontin and Hydrocodone for dates of service 03/23/04 and 03/26/04

Rationale/Basis for Decision

Medical record documentation does not indicate the necessity for the Neurontin and Hydrocodone prescriptions. There are office notes indicating a hernia nuclei pulposi of the L4-5 and L5-S1 but no magnetic resonance imaging to substantiate this diagnosis. In addition, there is no documentation of an Electromyogram or Nerve Conduction Velocity testing. Therefore, the prescription medications Neurontin and Hydrocodone for dates of service 03/23/04 and 03/26/04 are not medically necessary to treat this patient's medical condition.

Sincerely,

A handwritten signature in black ink, appearing to read "Gordon B. Strom, Jr.", written in a cursive style.

Gordon B. Strom, Jr., MD
Director of Medical Assessment

GBS:vn

Attachment

Attachment

Patient Name:

TWCC ID #:

Information Submitted by Requestor:

- Office Visit Notes
- Claims

Information Submitted by Respondent: