

MDR Tracking Number: M5-04-3963-01

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 July 20, 2004.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. 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.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The prescriptions medications (Hydro/Apap, Carisoprodol, Prop-N-Apap, and Cyclobenzaprin) **were found** to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed service.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay 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 to dates of service 07-28-03 through 02-02-04 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 7<sup>th</sup> day of September 2004.

Patricia Rodriguez  
Medical Dispute Resolution Officer  
Medical Review Division

PR/pr

August 26, 2004

David Martinez  
TWCC Medical Dispute Resolution  
7551 Metro Center Suite 100  
Austin, TX 78744

Patient:  
TWCC #:  
MDR Tracking #: M5-04-3963-01  
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to Specialty IRO for independent review in accordance with TWCC Rule 133.308, which allows for medical dispute resolution by an IRO.

Specialty IRO has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Medical Doctor with a specialty in Neurological Surgery. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

#### CLINICAL HISTORY

The patient initially suffered an injury at work in \_\_\_ and treatments were undertaken including surgery at that time. The patient apparently did well for some time but then began having further problems in 2001. At that time, he underwent a second fusion procedure. This resulted in significant relief of the symptoms; however, about two years later the symptoms began worsening again and his hardware was removed. This procedure was performed in November 2002. The patient subsequently has had intermittent episodes of pain and it appears that more recently the pain has been worsening. In the time period of July 2003 and February 2004 the patient was receiving care through Dr. R. This included pain management treatment as well as injection therapies.

## DISPUTED SERVICES

The items in dispute are the retrospective medical necessity of prescription medications for 7/28/03, 8/12/03, 8/27/03, 9/17/03, 12/3/03, 12/12/03, 1/8/04 and 2/2/04.

## DECISION

The reviewer disagrees with the previous adverse determination.

## BASIS FOR THE DECISION

The reviewer states that the patient's treatment with medications for pain control and muscle relaxants was necessary for treatment. There is adequate documentation from the treating physician, Dr. R, regarding relation of the medications, which were being prescribed for the patient's injury from \_\_\_\_\_. The medications prescribed were reasonable and necessary while Dr. R, in the intervening time period, was making appropriate attempts to have the patient referred for pain management for a more long-term solution to the patient's problems. The reviewer notes in his review that records were included from the respondent from a patient, \_\_\_\_; therefore, the additional records were disregarded.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that there is no known conflict between the reviewer, Specialty IRO and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Sincerely,