

MDR Tracking Number: M5-04-4029-01

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, 133.307 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 07-23-04.

The IRO reviewed nurse services as they relate to C-arm table, recovery time, needle, Daytex monitor, cap, syringe, property bag, glove, tape, lead aprons, temp strips, sponge, electrodes, Diprivan and anesthesia equipment rendered on date of service 02-06-04 denied based upon "U".

The IRO determined that the recovery time, needle (2 only), Daytex monitor, syringe (2 only), property bag, glove (1 pair only), lead aprons, temp strips (1 strip only) and electrodes (1 set only) **were** medically necessary. The IRO determined that the C-arm table, needle (in excess of 2), Cap, tape, syringe (in excess of 2), glove (in excess of 1 pair), tape, temp strips (in excess of 1), sponge, electrodes (in excess of 1 set), Diprivan and anesthesia equipment **were not** medically necessary.

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 \$460.00** 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 not the only issue** to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 09-01-04, 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.

Outpatient services in the amount of \$6,789.30 denied with denial code "C" (negotiated contract). The requestor did not provide information stating that a contract does not exist with the respondent. No reimbursement is recommended.

This Findings and Decision is hereby issued this 10th day of November 2004.

Debra L. Hewitt
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 Medicare program reimbursement methodologies effective 08-01-03 per Commission Rule 134.202(c), plus all accrued interest due at the time of payment to the requestor within 20-days of receipt of this order. This Decision is applicable for date of service 02-06-04 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 10th day of November 2004.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/dlh

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

| | |
|--|---------------|
| TWCC Case Number: | |
| MDR Tracking Number: | M5-04-4029-01 |
| Name of Patient: | |
| Name of URA/Payer: | |
| Name of Provider: (ER, Hospital, or Other Facility) | |
| Name of Physician: (Treating or Requesting) | |

October 4, 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,

CLINICAL HISTORY

This gentleman sustained a lumbar spine injury. This was treated chiropractically. The chiropractor sought a lumbar epidural steroid injection (LESI) from Dr. R. This procedure was completed under monitored anesthesia and fluoroscopy.

The operative note indicated that fluoroscopy was used as an independent procedure. That is not the standard of care. This procedure can be done in the radiology suite; the fluoroscope isolates the area to be injected. Multiple procedures were done when they could have very easily been combined. The anesthesia was IV sedation.

REQUESTED SERVICE(S)

Nurse services as they relate to C-arm table; Recovery time; Needle; Daytex Monitor; Cap; Syringe; Property Bag; Glove; Tape; Lead Aprons; Temp Strips; Sponge; Electrodes; Diprivan and Anesthesia Equipment for date of service 2/6/04.

DECISION

C-arm table - denied;
Recovery time - approved;
Needle - approve 2 only;
Daytex Monitor - approved;
Cap - denied;
Syringe - approve 2 only;
Property Bag - approved;
Glove - approve 1 pair only;
Tape - denied;
Lead Aprons - approved;
Temp Strips - approve 1 temp strip only;
Sponge - denied;
Electrodes - approve one set only;
Diprivan - denied; and
Anesthesia Equipment - denied.

RATIONALE/BASIS FOR DECISION

C arm table - The procedure was carried out in the OR as there was an OR charge. If this is the case, then there is no indication for a C arm table. The C arm can be brought into the OR and be used in combination with the OR table.

Recovery Time - There was IV sedation and this was reversed. It is not clear why it took several hours. However there is an indication for recovery room time.

Needle - It is not clear why five needles were used. There is an indication for two but not five. Clarification as to why so many were needed should be obtained.

Daytex Monitor - This is warranted

Cap - There is a need

Syringe - The same discussion as with the needles. It is not clear why five different syringes were needed. There would be a clinical indication for two, but not five.

Property Bag - This is warranted.

Glove - A single pair of exam gloves would be indicated. The need for seven pairs of gloves is not objectified. The provider completing the procedure would require one pair and that would be all.

Tape - None is indicated and a band-aid would suffice for the lumbar wound and the IV site.

Lead Aprons - There is a need for the provider, the anesthesia provider, the scrub and the x-ray assistant. This would be indicated.

Temp strips Only one temp strip is warranted. This appears to be a duplicate charge.

Sponge - Sponges are included in the prep kit and the ESI tray. There is no indication

Electrodes - This is assumed to be for the EKG monitoring. One set would be warranted - not nine sets

Diprivan - This is an anesthetic. However, in that Fentanyl and midazolam were also used, this would not be warranted.

Anesthesia Equipment - It is not clear what equipment was used and what this is referring to. Clearly some equipment would be needed to monitor the patient. However, this is too generic a term and there is no objectification of the need for whatever this device is.