

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. The dispute was received on 08-09-04.

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** 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 destruction by neurolytic agent-paravertebral facet joint nerve, sedation, injections, intravenous infusion for therapy, special reports, and office visits rendered from 12/01/03 through 2/04/04 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 outlined above as follows:

- in accordance with Medicare program reimbursement methodologies for dates of service after August 1, 2003 per Commission Rule 134.202 (b);
- 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 12/01/03 through 2/04/04 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 Decision and Order is hereby issued this 7th day of October 2004.

Regina L. Cleave
Medical Dispute Resolution Officer
Medical Review Division

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

September 29, 2004

Re: IRO Case # M5-04-4176, amended 10/4/04

Texas Worker's Compensation Commission:

Envoy Medical Systems, LP (Envoy) has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to Envoy for an independent review. Envoy has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, Envoy received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Neurological Surgery, and who has met the requirements for TWCC Approved Doctor List or has been approved as an exception to the Approved Doctor List. He or she has signed a certification statement attesting 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 referral to Envoy for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the Envoy reviewer who reviewed this case, based on the medical records provided, is as follows:

Medical Information Reviewed

1. Table of disputed service
2. Explanation of benefits
3. Letter 4/8/04
4. Neurosurgeon reports

5. D.O. review 11/2/03
6. Lumbar MRI reports 12/9/02, 10/21/02
7. Electrodiagnostic test report 11/13/02
8. Neurological evaluations 2002 – 2004
9. Initial medical report 2/20/98
10. Neurologist reports

History

The patient is a 57-year-old male who in ___ was involved in the “takedown” of a person in the care of the ___. The patient fell to the floor, landing on his back and buttocks. He developed back pain, with left lower extremity pain. The pain persisted despite physical therapy and medications. MRI evaluation revealed some chronic changes, but nothing of surgical significance. There was some possible T12-L1 lumbar disk herniation, but this did not relate to the patient’s symptoms, and surgery was not thought to be indicated. The patient’s pain has persisted, but was helped somewhat by facet rhizotomies in December 2003.

Requested Service(s)

Destruction by neurolytic agent – paravertebral facet joint nerve, sedation, injections, intravenous infusion for thereapy, special reports, office visits 12/1/03 – 2/4/04

Decision

I disagree with the carrier’s decision to deny the requested services.

Rationale

A 2/4/04 report indicated that the patient’s discomfort had decreased, apparently secondary to these injections. MRI evaluations showed degenerative disk disease, especially at the L4-5 and L5-S1 levels, which is frequently associated with facet pathology, and which can be the source of pain. In addition, the patient’s examination was compatible with facet difficulties in that motion was restricted with lumbar movement both posteriorlly and laterally because of the production of pain. The patient had a prolonged course with a variety of treatments tried without success. Facet rhizotomy as a more or less last resort was reasonable and necessary, as was a follow up office visit.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.