

MDR Tracking Number: M5-04-4246-01

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 August 16, 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 contrast x-ray of neck spine, inj for myelogram, needle localization by x-ray, CT neck spine w/o dye, 3d/holograph reconstruction add on, chest x-ray, x-ray exam of lower spine, x-ray exam of neck spine, electrocardiogram, tracing, measure blood oxygen level, prolonged service, office, lidocaine inj, diazepam inj, normal saline solution infusion, metoclopramide hcl inj, supp of low osmolar contrast material, 99070-supplies/materials, J3010-injection Fentanyl C. and anes inj on 09-11-03 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 date of service 09-11-03 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 10<sup>th</sup> day of November 2004.

Patricia Rodriguez  
Medical Dispute Resolution Officer  
Medical Review Division

PR/pr

November 8, 2004

**NOTICE OF INDEPENDENT REVIEW DECISION  
Amended Determination**

**RE: MDR Tracking #: M5-04-4246-01**  
**TWCC #:**  
**Injured Employee:**  
**Requestor:**  
**Respondent:**  
**----- Case #:**

----- has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The ----- IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ----- for independent review in accordance with this Rule.

----- has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing physician on the ----- external review panel. The reviewer has met the requirements for the ADL of TWCC or has been approved as an exception to the ADL requirement. This physician is board certified in neurology and is familiar with the condition and treatment options at issue in this appeal. The ----- physician reviewer signed a statement certifying that no known conflicts of interest exist between this physician and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ----- for independent review. In addition, the ----- physician reviewer certified that the review was performed without bias for or against any party in this case.

#### Clinical History

This case concerns a male who sustained a work related injury on ----- . An MRI of the cervical spine performed on 11/30/00 revealed severe spondylitic changes at all levels below C2, and a right paracentral disc herniation at C7-T1. On 12/6/00 and 6/25/98 the patient underwent a cervical myelogram with CT scan following. On 9/11/03 the patient underwent another cervical myelogram with CT scan following.

#### Requested Services

Contrast x-ray of neck spine, inj for myelogram, needle localization by x-ray, CT neck spine w/o dye, 3d/holograph reconstruction add on, chest x-ray, x-ray exam of lower spine, x-ray exam of neck spine, electrocardiogram, tracing, measure blood oxygen level, prolonged service, office, lidocaine inj, diazepam inj, normal saline solution infusion, metoclopramide hcl inj, supp of low osmolar contrast material, 99070 – supplies/materials, J3010 – injection Fentanyl C. and anes inj on 9/11/03.

#### Documents and/or information used by the reviewer to reach a decision:

##### *Documents Submitted by Requestor:*

1. MRI Report 11/30/00
2. Cervical Myelogram Report 12/6/00, 6/25/98
3. Procedure Records 9/11/03
4. Cervical Myelogram Report 9/11/03

*Documents Submitted by Respondent:*

1. Same as above

Decision

The Carrier's denial of authorization for the requested services is upheld.

Rationale/Basis for Decision

The ----- chiropractor reviewer noted that this case concerns a male who sustained a work related injury to his back on ----- . The ----- physician reviewer also noted that the patient had undergone cervical myelograms on 12/6/00, 6/25/98 and 9/11/03. The ----- physician reviewer further noted that items in dispute involve the cervical myelogram on 9/11/03. The ----- physician reviewer indicated that the documentation provided did not include records of clinical exams or medical narrative to support the medical necessity of the myelogram performed on 9/11/03. The ----- physician reviewer also explained that the documentation provided indicated that the patient's condition had resolved as of 7/03. Therefore, the ----- physician consultant concluded that the Contrast x-ray of neck spine, inj for myelogram, needle localization by x-ray, ct neck spine s/o dye, 3d/holograph reconstruction add on, chest x-ray, x-ray exam of lower spine, x-ray exam of neck spine, electrocardiogram, tracing, measure blood oxygen level, prolonged service, office, lidocaine inj, diazepam inj, normal saline solution infusion, metoclopramide hcl inj, supp of low osmolar contrast material, 99070 – supplies/materials, J3010 – injection Fentanyl C. and anes inj on 9/11/03 were not medically necessary to treat this patient's condition.

Sincerely,

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