

MDR Tracking Number: M5-04-4355-01

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 26, 2004.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the medical necessity issues. 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 the only issue** to be resolved. The lumbar MRI rendered on 8/27/03 was found to be medically necessary. The respondent raised no other reasons for denying reimbursement of the lumbar MRI.

ORDER

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 date of service 8/27/03 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 1st day of November 2004.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division

MQO/mqo

October 21, 2004

Texas Workers' Compensation Commission
Medical Dispute Resolution
Fax: (512) 804-4868

Re: Medical Dispute Resolution
MDR #: M5-04-4355-01
TWCC#:
Injured Employee:
DOI:
SS#:
IRO Certificate No.: 5055

Dear

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of ___ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is certified in Chiropractic Medicine and is currently on the TWCC Approved Doctor List.

REVIEWER'S REPORT

Information Provided for Review:

TWCC-60, Table of Disputed Services, EOB's
Information provided by Requestor:

- letter of medical necessity
- office notes 07/31/03 – 08/27/03
- radiology report 08/27/03

Clinical History:

The claimant was working when she was involved in an accident on _____. The worker noted severe low back pain that radiated down to the bilateral lower quarter terminating in her feet. The claimant consulted a chiropractor on/about 07/30/03. The claimant consulted an MD who was, apparently, either a pain management specialist, or physical medicine/rehab, on 08/20/03 and was advised to continue with physical medicine treatments with the chiropractor, and that MR imaging/needle EMG of the bilateral lower quarter were appropriate. MR imaging of the lumbar spine was performed on 08/27/03.

Disputed Services:

Magnetic resonance (eg. Proton) imaging, spinal canal and contents, lumbar; without contrast material on 08/27/03.

Decision:

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that the procedure in dispute as stated above was medically necessary in this case.

Rationale:

The provided documentation fits within accepted standards of practice for the implementation of additional diagnostics, including MR imaging. The provider did not execute the MR imaging until some 60 days post injury event, with the claimant continuing to experience pain in the lumbar spine. At 60 days post injury and after the request from a consulted physician, MR imaging of the lumbar spine was medically appropriate/necessary in the management of this claimant's work-related injury.

The aforementioned information has been taken from the following guidelines of clinical practice and/or peer reviewed references.

- Ackerman, S. J., et al. *Patient Characteristics Associated With Diagnostic Imaging For Evaluation of Persistent Low Back Problems*. Spine. 1997 Jul 15;22(14):1634-40;Discussion 1641.
- *Govind, J. *Lumbar Radicular Pain*. Aust Fam Physician. 2004 Jun;33(6):409-12.
- *Trionovich, S. J. et al. *Low Back Pain and Lumbar Intervertebral Disc: Clinical Considerations For the Doctor of Chiropractic*. J Manipulative Physiol Ther. 1999 Feb;22(2):96-104.

Sincerely,