

M5-05-0899-01

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 assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 09-14-04.

The Medical Review 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 injection single, fluoroscopic guidance and localization of needle, epidurography, supply of low osmolar contrast material (100-199 mgs of iodine), prolonged evaluation and management service before and/or after direct face-to-face patient care, supplies and material, and needles only, sterile any size for date of service 09-15-03 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 Medical Review Division has determined that medical necessity fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for date of service from 09-15-03 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Findings and Decision is hereby issued this 31st day of January 2005.

Medical Dispute Resolution Officer
Medical Review Division

Enclosure: IRO decision



NOTICE OF INDEPENDENT REVIEW DECISION

January 27, 2005

Program Administrator
Medical Review Division
Texas Workers Compensation Commission
7551 Metro Center Drive, Suite 100, MS 48
Austin, TX 78744-1609

RE: Injured Worker:
MDR Tracking #: M5-05-0899-01
IRO Certificate #: IRO4326

The Texas Medical Foundation (TMF) has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to TMF for independent review in accordance with TWCC §133.308 which allows for medical dispute resolution by an IRO.

TMF has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a TMF physician reviewer who is board certified in Orthopedic Surgery which is the same specialty as the treating physician, provides health care to injured workers, and licensed by the Texas State Board of Medical Examiners in 1978. The TMF physician reviewer has signed a certification statement stating 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 the referral to TMF for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This 23 year-old female injured her low back on ___ while lifting a heavy object. She felt a sharp pain in her back and abdominal and began to bleed vaginally (she was 5 weeks pregnant). She has been treated with medications, therapy and epidural steroid injection.

Requested Service(s)

Injection single, fluoroscopic guidance and localization of needle, epidurography, supply of low osmolar contrast material (100-199 mgs of iodine), prolonged evaluation and management

service before and/or after direct face-to-face patient care, supplies and material, and needles only, sterile, any size for date of service 09/15/03

Decision

It is determined that there is no medical necessity for the injection single, fluoroscopic guidance and localization of needle, epidurography, supply of low osmolar contrast material (100-199 mgs of iodine), prolonged evaluation and management service before and/or after direct face-to-face patient care, supplies and material, and needles only, sterile, any size for date of service 09/15/03 to treat this patient's medical condition.

Rationale/Basis for Decision

Medical record documentation indicates an improvement in the patient's symptoms however there is no documentation that an epidural steroid injection was preauthorized or preformed. Without documentation that an epidural steroid injection was preauthorized or performed it cannot be determined as medically necessary. Therefore, the injection single, fluoroscopic guidance and localization of needle, epidurography, supply of low osmolar contrast material (100-199 mgs of iodine), prolonged evaluation and management service before and/or after direct face-to-face patient care, supplies and material, and needles only, sterile, any size for date of service 09/15/03 are not medically necessary to treat this patient's medical condition.

Sincerely,

Gordon B. Strom, Jr., MD
Director of Medical Assessment

GBS:dm

Attachment