

MDR Tracking Number: M5-05-0028-01

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 27, 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 tomography rendered on 8/28/03 was not found to be 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 was not the only issue** to be resolved. As the tomography was not found to be medically necessary, reimbursement for date 8/28/03 is denied. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	Billed	Paid	EOB Denial Code	Rationale
8/28/03	72131	\$374.75	\$0.00	C	Review of the carrier's EOBs revealed the carrier denied CPT code 72131 as "C-Negotiated Contract Price, Denied not reasonable and necessary treatment per peer review or DD Report." Review of the preauthorization letter from Zurich, dated 8/26/03 revealed the carrier preauthorized a CT of the lumbar (certification number 030825-030), certification period 8/27/03 to 9/27/03. The requestor performed a CT of the lumbar spine. Therefore according to the TWCC Rule 134.600 (h), the carrier cannot retrospectively deny a preauthorized service for medical necessity. The requestor is entitled to reimbursement in the amount of \$299.74 multiplied by 125% equals a recommended amount of \$374.68.
TOTAL		\$374.75	\$0.00		Reimbursement is recommended in the amount of \$374.68.

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 rendered on 8/28/03 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 20, 2004

Hilda Baker
TWCC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient:
TWCC #:
MDR Tracking #: M5-05-0028-01
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to Specialty IRO for independent review in accordance with TWCC Rule 133.308, which allows for medical dispute resolution by an IRO.

Specialty IRO has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records

and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Doctor of Osteopathy with a specialty in Orthopedics. The reviewer is on the TWCC ADL. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

A very complete itemized schedule of care from 12-13-01 to 7-02-02 from Dr. S, MD and the same dates of care from ___ are reviewed. The notations are from ___, TWCC Employer's First Report of Injury or Illness, ___, ___, Dr. G, ___, Dr. D, Dr. P, Dr. J, Dr. A, Dr. M, Dr. H, ___, ___, Dr. T, Dr. Mi, ___, ___. None of the reports provide current information relative to 8-28-03.

Two chart notes dated 8-19-03 and 9-9-03 of Dr. D are reviewed. From office note of 8-19-03, there is no mention of a CT scan. From the office note of 9-9-03 there is mention of a Cervical MRI ordered.

___ CT Scan report of 8-28-03 states: The technique is contiguous axial images obtained from T12 to S1. Sagittal reformatted images are obtained.

___ Provider Position Statement for Medical Review states the lumbar spine CT scan was, indeed, medically reasonable and necessary.

UUG/Zurich Services Corp. medical billing dated 11-06-03 lists CT scan L and Tomography.

DISPUTED SERVICES

The item in dispute is the retrospective medical necessity of tomography on 8-28-2003.

DECISION

The reviewer agrees with the previous adverse determination.

BASIS FOR THE DECISION

The reviewer states that a CT scan is a form of Tomography and therefore is duplication. Therefore, Tomography is not a medical necessity.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that there is no known conflict between the reviewer, Specialty IRO and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Sincerely,