

MDR Tracking Number: M5-05-0489-01

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 10-8-04.

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 injections, Myelogram, anesthesia, meds, and office consultation 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 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 dates of service 10-24-03 and 10-30-03 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 3rd day of December 2004.

Dee Z. Torres  
Medical Dispute Resolution Officer  
Medical Review Division

DZT/dzt

Enclosure: IRO Decision

# MEDICAL REVIEW OF TEXAS

[IRO #5259]

3402 Vanshire Drive

Austin, Texas 78738

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## NOTICE OF INDEPENDENT REVIEW DETERMINATION

|  |                        |
|--|------------------------|
| TWCC Case Number:                                      |                        |
| MDR Tracking Number:                                   | M5-05-0489-01          |
| Name of Patient:                                       |                        |
| Name of URA/Payer:                                     | Downtown Plaza Imaging |
| Name of Provider:<br>(ER, Hospital, or Other Facility) | Downtown Plaza Imaging |
| Name of Physician:<br>(Treating or Requesting)         | Robert Bul, DC         |

November 30, 2004

An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no

known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

Sincerely,

Michael S. Lifshen, MD  
Medical Director

cc: Texas Workers Compensation Commission

#### CLINICAL HISTORY

Available information suggests that this patient reports an injury to his lower back \_\_\_\_\_ while at his place of work. Multiple providers apparently saw him over a period of two years. Medical history suggests that the patient began experiencing back pain in May or June of 2002 when he had a lumbar MRI performed. MRI of 05/07/02 suggests degenerative changes and disc protrusion at L4/5 segments prior to \_\_\_\_\_ reported work injury. Another MRI is performed 11/22/02 suggesting some lumbar spondylosis and facet degeneration with no significant disc herniation. The patient appears to undergo several months of physical therapy and chiropractic care without documented improvement. No specific chiropractic notes, reports or orders are provided for review. The patient appears to be referred for repeat imaging and pain management consultation with Downtown Plaza Imaging Center on 10/24/03 and 10/30/03 by treating chiropractor. No review of medical history prior to 11/19/02 appears to be made. The patient appears to undergo multiple injections and advanced diagnostic/treatment procedures without any definitive diagnostic conclusions being made. No required pre authorizations appear to be obtained. Multiple RME evaluations conclude that the patient has lumbar sprain strain superimposed on pre-existing degenerative joint disease with some evidence of symptom magnification.

#### REQUESTED SERVICE(S)

Determine medical necessity for injections, myelogram, anesthesia, meds. and office consult corresponding to CPT codes 99242, 62282, 62284, 76003, A4645, 71010 WP, 72100 WP, 93005 WP, 94760 WP, 99354, 99070, J3010, J2000, J7040, J2765, J3301, J3490 and 01905 for dates in dispute 10/24/03 and 10/30/03.

## DECISION

Requested services are denied.

## RATIONALE/BASIS FOR DECISION

Available documentation does not support required medical necessity for lumbar facet block injections, repeat imaging and other advanced diagnostic and treatment procedures performed at this time (as outlined in procedures performed 10/24/03 and 10/30/03). Significant pre-existing medical history and potential symptom magnification issues should be addressed prior to authorization of these procedures. Also, additional review by a qualified anesthesiologist or pain management specialist may be indicated in order to reach specific conclusions on these issues of medical necessity.

Bigos, S. et.al., AHCPR Guidelines for Low Back Pain in Adults, Publication No. 95-0643. "Epidural injections and other injectable anesthetics are not recommended unless physiological evidence of specific tissue insult or neurologic dysfunction is identified."

The observations and impressions noted regarding this case are strictly the opinions of this evaluator. This evaluation has been conducted only on the basis of the medical/chiropractic documentation provided. It is assumed that this data is true, correct, and is the most recent documentation available to the IRO at the time of request.

If more information becomes available at a later date, an additional service/report or reconsideration may be requested. Such information may or may not change the opinions rendered in this review. This review and its findings are based solely on submitted materials.

No clinical assessment or physical examination has been made by this office or this physician advisor concerning the above-mentioned individual. These opinions rendered do not constitute per se a recommendation for specific claims or administrative functions to be made or enforced.