

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:
SOAH DOCKET NO. 453-05-4090.M5**

MDR Tracking Number: M5-05-0513-01

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 10-12-04.

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 CPT and HCFC's codes A4649, A4550, A4208, A4213, A4215, 72275, 76005, J2000, J3301, A6219, A4644, A4615, A4556, A1390, C1751, J7120, J2250, 99082, C1755, 62311, 99499 and A4209 for dates of service 1-7-04 through 11-11-04 were not medically necessary.

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 dates of service are denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision and Order is hereby issued this 15th day of December 2004.

Donna Auby
Medical Dispute Resolution Officer
Medical Review Division

DA/da

Enclosure: IRO decision

MEDICAL REVIEW OF TEXAS

[IRO #5259]

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NOTICE OF INDEPENDENT REVIEW DETERMINATION

TWCC Case Number:	
MDR Tracking Number:	M5-05-0513-01
Name of Patient:	
Name of URA/Payer:	Texas Imaging & Diagnostic Center
Name of Provider: (ER, Hospital, or Other Facility)	Texas Imaging & Diagnostic Center
Name of Physician: (Treating or Requesting)	Pedro Nosnik, MD

December 10, 2004

An independent review of the above-referenced case has been completed by a medical physician board certified in physical medicine and rehabilitation. 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

This is a gentleman who reportedly sustained a lumbar injury after lifting a 15 gallon bucket of paint thinner. This was treated with multiple modalities that included chiropractic and injections. Dr. Nosnik first evaluated the claimant on September 26, 2003 and noted that there was an L5 verifiable radiculopathy secondary to a lumbar spondylolithesis. There was an indication that this was a surgical lesion, but prior to surgical intervention Dr. Nosnik felt that he could decompress the nerve root with lumbar epidural steroid injections. The first injection was completed on November 11, 2003. The second LESI was completed on January 7, 2004. The requestor (the facility where the procedure was carried out) noted that there was a pre-authorization for the requested services. On March 16, 2004 a retrospective peer review was completed by Dr. Palafox. In that report it was opined that the pathology identified (the spondylolithesis and marked degenerative changes) were not a function of the compensable injury. Additionally Dr. Palafox felt that the treatment received was excessive, and that after the initial six months all that would have been needed would be oral non-steroidal anti-inflammatory medications and a home-based, self-directed exercise program emphasizing overall fitness and conditioning.

REQUESTED SERVICE(S)

A4649, A4550, A4208, A4213, A4215, CPT Code 722725, CPT Code 76005, J2000, J3301, A6219, A4644, A4615, A4556, A1390, C1751, J7120, J2250, 99082, C1755, CPT Code 62311, CPT Code 99499, A4209 for dates of service 1/7/04 through 11/11/04.

DECISION

Denied. The treatment rendered is not reasonable and necessary care for the injury, nor is it reasonable and necessary care for the pathology identified.

RATIONALE/BASIS FOR DECISION

From the documentation presented, it is assumed that the question to be answered is, was the service rendered medically necessary? Based on the intent of Dr. Nosnik to decompress the nerve root secondary to a spondylolithesis, this treatment would not be reasonable and necessary care for the injury. Further, noting the time frames established, there is agreement with the peer reviewer that all that would be needed is over the counter preparations.

This was a lifting injury. The purpose of an ESI is to reduce the inflammation of the nerve root secondary to a disc lesion. The pathology identified is long-term degenerative change that were not caused by or worsened by the injury sustained. Based on the progress notes reviewed, the hydraulic intent to decompress a nerve root secondary to a spondylolithesis was not a reasonable pursuit and makes no clinical sense whatsoever. No medical literature could be found to support a negative in this case, but common sense would have to prevail and knowing that, an injection would not relieve the compression in the alteration of the normal bony architecture noted.