MDR Tracking Number: M5-05-0517-01

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 IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. 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 $650.00** 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 office visits, injection, spine CT, surgical tray, injection, Methylprednisolone, and recovery room time on 6-11-04 were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

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 outlined above as follows:

- In accordance with Medicare program reimbursement methodologies for dates of service on or after August 1, 2003 per Commission Rule 134.202 (c);

- 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 6-11-04 as outlined above 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 3rd day of December 2004.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

DZT/dzt

Enclosure: IRO Decision

November 30, 2004

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

Re: Medical Dispute Resolution
MDR #: M5-05-0517-01
TWCC#:
Injured Employee:
DOI:
SS#:
IRO Certificate No.: 5055

Dear ___:

IRI has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, IRI 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 General Counsel of Independent Review, Inc. 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 Board Certified in Anesthesiology 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:
- Correspondence 08/31/04
- Office notes 02/04/03 – 06/11/04

Information provided by Respondent:
- Medical records review 06/04/04
- Medical evaluation 06/19/03
- Letters of referral and H&P 06/13/03 & 05/30/03

Information provided by Internist:
- Office notes 11/08/02 – 07/29/04
- EMG/NCV 06/16/03

- Radiology reports 11/21/02 – 03/28/03

Information provided by Neurosurgeon:

- Office notes 08/19/03 – 03/30/04

Clinical History:
The patient is a 54-year-old female with a work-related injury to the neck on ___. The patient complained of weakness and pain in the right upper extremity. She had a series of cervical epidural steroid injections between March of '03 and June of '03 with some improvement. An MRI dated 11/02 did reveal disc protrusion at C7-T1. An EMG dated 6/03 suggested concomitant carpal tunnel syndrome. In June of 2004, the patient presented with continued burning pain in the right upper extremity with numbness of the hand. A cervical epidural steroid injection was performed with approximately 75% improvement of symptoms. A review dated 6/4/04 discounts a causal relationship between the original injury and the present complaints.

Disputed Services:
Office visits, injection spine CT, surgical tray, injection methylprednisoine 40 mg, and recovery room on 06/11/04.

Decision:
The reviewer disagrees with the determination of the insurance carrier and is of the opinion that the treatment and services in dispute as stated above were medically necessary in this case.

Rationale:
This patient clearly has pain potentially in the distribution of lower cervical nerve roots. The MRI of 2003 indicated disc herniation in that surgical distribution. The American Society of Interventional Pain Physicians (ASIPP) has clearly designated epidural steroid injections as being moderately effective and evidence-based. Previous epidural steroid injections produced at least temporary relief. Available documents do not discuss the possibility that the patient's symptoms and late course are suggestive of a complex regional pain syndrome, which may be related to the original injury.

While discussions regarding the causal relationship between the original ___11/7/02 injury and the present complaints are important from an administrative and economic perspective, it may be medically academic. The patient's clinical constellation strongly suggests a cervical radiculopathy or complex regional pain syndrome. The evaluation and treatment prescribed was appropriate and medically necessary. The patient was improved. Follow up of MRI and EMG studies might elucidate both the present status of cervical pathology and the presence of carpal tunnel syndrome. Obviously, the carpal tunnel syndrome would not be related to the injury of ___. Also, the burning arm pain would not be related to the carpal tunnel syndrome. The reviewed documents do not provide sufficient evidence to determine causal relationship between the original injury and the present complaints. That determination is beyond the scope of this review and reviewer.