

MDR Tracking Number: M5-05-0585-01

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, 133.307 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. This dispute was received on 10-15-04.

The IRO reviewed anesthetic, needle localization, contrast iodine, office consultation-all injections, treatment of spinal cord lesion, contrast X-ray, X-ray, injection paravertebral CT, injection paravertebral CT-additional, chest X-ray, electrocardiogram measure blood oxygen, surgical tray and office visit rendered from 10-31-03 through 12-03-03 that were denied based upon "U".

The table of disputed services indicates that payment has been made in full for the services billed for the surgical tray (99070), therefore, this service is no longer in dispute.

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 not the only issue** to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 01-06-05, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14-days of the requestor's receipt of the Notice.

Review of CPT code 99354 date of service 12-03-03 revealed that neither party submitted an EOB. Per Rule 133.307(e)(2)(A) the requestor did not submit a HCFA for review to determine service billed. No reimbursement recommended.

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

Debra L. Hewitt  
Medical Dispute Resolution Officer  
Medical Review Division

### **ORDER**

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for 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 Decision is applicable for dates of service 10-31-03 through 12-03-03 in this dispute.

This Order is hereby issued this 31st day of January 2005.

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division

RL/dlh

Enclosure: IRO Decision

December 30, 2004

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

Re: Medical Dispute Resolution  
MDR #: M5-05-0585-01  
TWCC#:  
Injured Employee:  
DOI:  
SS#:  
IRO Certificate No.: IRO 5055

Dear Ms. \_\_\_\_:

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 Secretary and 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 Neurology and Pain Management and is currently on the TWCC Approved Doctor List.

Sincerely,

Gilbert Prud'homme  
Secretary & General Counsel

GP:thh

**REVIEWER'S REPORT**  
**M5-05-0585-01**

**Information Provided for Review:**

TWCC-60, Table of Disputed Services, EOB's

Information provided by Requestor:

- Office note 10/31/03
- Operative reports 11/05/03 – 12/03/03
- Radiology reports 10/21/03 – 11/05/03

Information provided by Respondent:

- Physician review

**Clinical History:**

This claimant suffered chronic neck pain with radiation into the upper extremities, as well as numbness and tingling into the fourth and fifth digits, since a work-related injury dated \_\_\_\_\_. He has undergone multiple interventions since that time, most recently involving cervical epidural steroid injections as well as cervical facet joint injections, due to ongoing neck pain and cervical radicular symptomatology. The claimant was to have undergone physical therapy requesting active physical therapy after the injections had been completed

**Disputed Services:**

Anesthetic, needle localization, contrast iodine, office consultation-all injections, treatment of spinal cord lesion, contrast X-ray, X-ray, injection paravertebral CT,

injection paravertebral CT-additional, chest X-ray, electrocardiogram, measure blood oxygen, office visit, surgical tray during the period of 10/31/03 thru 12/03/03

**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:**

It appears that this claimant had ongoing symptoms, chronically, since a work-related injury, and eventually obtained authorization to proceed with further treatment, including cervical epidural steroid injections and cervical facet joint injections, which was then to be followed by physical therapy. In the experience of the reviewer and to his knowledge, cervical epidural steroid injections and cervical facet joint blocks are routinely performed with intravenous (IV) sedation at a mild to moderate level, and are routinely done under fluoroscopy with contrast administration for confirmation of needle tip placement.

**Additional Reviewer Comments:**

"My reading of this report under the heading of "Reasons for Denial of Treatment at Downtown Plaza Imaging as Medically Unnecessary," leads me to believe that this reviewer, (an MPH, CRT), is not at all aware of the usual and customary methods in performing these procedures, and am frankly surprised that this individual decided to offer an opinion in this matter, since it is clear that the statements made are blatantly counter to current accepted methods for performing these procedures."