

MDR Tracking #M5-05-0767-01

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 11-02-04.

The IRO reviewed supplies used during the right ilioinguinal nerve block, including electrodes, spinal needles, epidural tray, radiation glove, topical ointment, conscious sedation medications, including propofol, fentanyl and medazolam, lactated Ringer's, local anesthetic including bupivacaine and lidocaine as well as the steroid medication Depo-Medrol and some sodium chloride irrigation rendered on 11-03-03 that were denied based upon "U".

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. The amount of reimbursement due from the carrier equals **\$1,953.63**.

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 12-21-04, 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.

The remaining services for revenue codes 250 (pharmacy), 270 (supplies), 272 (sterile supply), 360 (surgery), 370 (anesthesia), 460 (oxygen per hour) and 710 (recovery room) denied with either denial code "C" (allowance based on Intracorp nurse review), "N" (documentation does not support charges) or "G" (included in another procedure/service). Regarding denial code "C" the Requestor submitted documentation that there is no negotiated contractual agreement for services. Regarding denial code "N" the Requestor per Rule 133.307(g)(3)(A-F) submitted documentation to support delivery of the services provided. Regarding denial code "G" per Rule 133.304(c) and 134.202(a)(4) the carrier

did not specify which service charges were global to. The Requestor had preauthorization for the Ilioinguinal Nerve Block under Fluoroscopy. The carrier has made a payment of \$5,163.69. Additional reimbursement is recommended in the amount of **\$7,887.13**.

This Findings and Decision is hereby issued this 11th day of May 2005.

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 for date of service 11-03-03 totaling \$9,840.76 in accordance with the Medicare program reimbursement methodologies effective 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 hereby issued this 11th day of May 2005.

Medical Necessity Team Manager
Medical Review Division

Enclosure: IRO Decision

Z iro C

A Division of ZRC Services, Inc.
7626 Parkview Circle
Austin, Texas 78731
Phone: 512-346-5040
Fax: 512-692-2924

AMENDED DECISION

April 22, 2005

TWCC Medical Dispute Resolution
Fax: (512) 804-4868

Patient: _____
TWCC #: _____
MDR Tracking #: M5-05-0767-01
IRO #: 5251

Ziroc 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 Ziroc for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

Ziroc 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.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed doctor board certified and specialized in neurology and pain management. The reviewer is on the TWCC Approved Doctor List (ADL). The Ziroc 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 Ziroc for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

RECORDS REVIEWED

1. Medical records from Dr. Robert Bradshaw
2. Medical records from Jose Reyes
3. Medical records from Pain Management Consultants

CLINICAL HISTORY

This claimant sustained a work-related injury on ___ while lifting some scaffolding screens onto a truck when he felt a sharp pain in his right groin and a bulge. He was diagnosed as having a right inguinal hernia, which was repaired surgically on 07/18/03. The claimant continues to have severe burning pain in the right groin with radiation into the right testicle. He was treated with right ilioinguinal nerve block on multiple occasions, including 11/03/03, where an ilioinguinal nerve block was performed under fluoroscopy by Dr. Reyes. The procedure note from that day indicates "left" ilioinguinal nerve block, but it is assumed that this was a typographical error or dictation error and that the right side was done. Office notes shortly after that nerve block indicate that the claimant did have substantial relief after that procedure.

DISPUTED SERVICES

Under dispute is the medical necessity of: The services in dispute include certain supplies used on 11/03/03 during the right ilioinguinal nerve block, specifically codes 250 and 270. According to the breakdown from Vista Medical Center Hospital for admission and discharge dates of 11/03/03 and billing date 11/10/03, these codes indicate certain supplies used for the procedure. Code 270 includes electrodes, spinal needles, epidural tray, radiation glove, and code 250 includes topical antibiotic ointment, conscious sedation medications including propofol, fentanyl, and medazalam,

lactated Ringer's, local anesthetic including bupivacaine and lidocaine, as well as the steroid medication Depo-Medrol, and some sodium chloride irrigation. The prices for each of these items is also delineated.

DECISION

The reviewer disagrees with the determination of the insurance carrier.

BASIS FOR THE DECISION

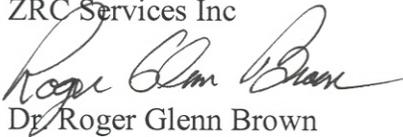
The records reviewed did not indicate the basis for the denial for these supplies, but the Reviewer's review indicates that these supplies would be reasonable and medically necessary for the indicated procedure that was performed on that day, since conscious sedation and fluoroscopy were used.

Ziroc has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Ziroc has made no determinations regarding benefits available under the injured employee's policy

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

Ziroc is forwarding a copy of this finding by facsimile to the TWCC.

Sincerely,
ZRC Services Inc



Dr. Roger Glenn Brown
Chairman & CEO