

MDR Tracking Number: M5-05-0782-01

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 11-04-04.

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 ancillary services 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 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 Order is applicable to date of service 11-13-03 in this dispute.

This Findings and Decision and Order is hereby issued this 28th day of January 2005.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

DLH/dlh

Enclosure: IRO decision

January 27, 2005

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

Re: Medical Dispute Resolution
MDR #: M5-05-0782-01
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 in Pain Medicine and is currently on the TWCC Approved Doctor List.

Sincerely,

Gilbert Prud'homme
Secretary & General Counsel

GP:thh

REVIEWER'S REPORT
M5-05-0782-01

Information Provided for Review:

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

Information provided by Requestor:

- Letter of medical necessity
- Operative reports 08/12/03 – 11/13/03

Information provided by Respondent:

- Correspondence
- Designated doctor reviews

Information provided by Treating Doctor:

- Office notes 03/25/03 – 12/06/04

Information provided by Chiropractor:

- Office note 11/10/04
- Physical therapy notes 11/24/03 – 12/10/03
- FCE 05/07/04

Clinical History:

This claimant sustained a work-related injury on _____. He has had ongoing low back pain and leg symptoms. He has undergone multiple treatments, including surgery at the L4/L5 and L5/S1 levels and pain management procedures, including facet joint blocks, epidural steroid injections, as well as neurolysis using hypertonic saline and a Racz catheter, as well as medications.

Disputed Services:

Ancillary services on 11/13/03

Decision:

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that the services in dispute were medically necessary in this case.

Rationale:

On reviewing records, it appears the claimant has benefited from the services that were provided on the disputed date of service. It is also quite evident that the services that were provided had been pre-authorized with a pre-authorization peer review form dated 11/7/03 indicating partial authorization, specifically for the caudal epidural steroid injections with a Racz catheter, typically done under fluoroscopy and with localization confirmation with contrast. Also authorized was the physical therapy 3 times per week for 1 week, but the ongoing physical therapy for an additional 2 weeks was not authorized. It appears that the claimant did benefit from the services provided, indicating on his follow-up a few days later that the pain was substantially reduced. The claimant had undergone similar procedures prior to the date of service in question, as well. Therefore, I feel that it would have been medically reasonable and appropriate for him to undergo a repeat procedure for additional symptomatic benefit, which he had achieved, at least temporarily. The physician, who provided the services, did seek and did obtain pre-authorization for the services that were provided.