

MDR Tracking Number: M5-05-1357-01

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 1-10-05.

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 the prescriptions hydrocodone and tizanidine were not medically necessary.

Based on review of the disputed issues within the request, the Medical Review Division has determined that general fee reimbursement was the only issue involved in this medical dispute. As the services listed above were not found to be medically necessary, reimbursement for dates of service from 3-16-04 to 11-15-04 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 30th day of March 2005.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

DZT/dzt

Enclosure: IRO Decision

MEDICAL REVIEW OF TEXAS

[IRO #5259]

3402 Vanshire Drive

Austin, Texas 78738

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NOTICE OF INDEPENDENT REVIEW DETERMINATION

TWCC Case Number:	
MDR Tracking Number:	M5-05-1357-01
Name of Patient:	
Name of URA/Payer:	Federated Mutual Insurance Co.
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician: (Treating or Requesting)	Brent Davis, MD

March 8, 2005

An independent review of the above-referenced case has been completed by a medical physician board certified in family practice. 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 patient was injured _____. Treatment recommendations include medications, muscle stimulator, injections, physical therapy and biofeedback. Records were reviewed from the following sources:

- Medical records and TWCC 73 forms from Dr. Brent Davis;
- Notes from physical therapy;
- IME from Dr. Ronald DeVere from 2/13/04;
- A MRI of the L-5 spine dated 9/9/03;
- Records from Dr. Padgett of Forte Insurance; and
- Personal correspondence from the patient.

REQUESTED SERVICE(S)

Hydrocodone and Tizanidine between 3/16/04 through 11/15/04.

DECISION

Denied.

RATIONALE/BASIS FOR DECISION

The records available for review support the diagnosis of an uncomplicated soft tissue injury that should have resolved approximately three months after the initial injury. MRI showed no neurologic findings to support her continued pain. A designated doctor exam on 10/7/03 by Dr. Daniel Thompson stated the patient had reached MMI with a 5% impairment rating. A comprehensive required medical exam by Dr. DeVere on 2/13/04 concludes there was no objective finding on his exam to support the continued treatment with prescription medications. In fact, he felt she should be treated with OTC NSAIDS and home exercises. She may require work hardening or possible retraining for a job. Therefore, medical necessity for continued use of hydrocodone and Tizanidine cannot be established and the prior denial is upheld.