

MDR Tracking Number: M5-05-1383-01

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 1-12-05.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the majority of 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.

The hot/cold pack, injection, unlisted procedures and imaging agent for 1-28-04 that were denied for medical necessity were reviewed by the IRO.

The unlisted procedures and imaging agent for 1-28-04 **were found** to be medically necessary. The hot/cold pack and injections **were not found** to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services. The amount due the requestor for the medical necessity issues is \$380.00.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity issues were not the only issues involved in the medical dispute 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 3-14-05 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.

CPT code 99499 on 1-28-04 was denied by the carrier as "N – not documented." The amount in dispute is \$600.00. However, the EOB with an audit date of 10-11-04 shows that the carrier has paid \$600.00. **Recommend no additional reimbursement.**

CPT code 76005 on 1-28-04 was denied by the carrier as "F – Fee guideline MAR reduction." The amount in dispute is \$257.00. The carrier has reimbursed \$66.23. Per Rule 133.307(g)(3)(D), the requestor is also required to discuss, demonstrate and justify that the payment being sought is a fair and reasonable rate of reimbursement. The Requestor has not provided evidence that the fee billed is for similar treatment of injured individuals and that reflect the fee charged to and paid by other carriers. **Recommend no additional reimbursement.**

HCPCS code A6216 on 1-28-04 was denied by the carrier as "G – unbundling and K-Not appropriate health care provider." Per rule 133.304(c) and 134.202(a)(4) carrier didn't specify which service this was global to and Charles Willis is an appropriate health care provider per rule 133.1(a)(9)(A-C). **Recommend reimbursement per Rule 134.202(c)(1) of \$5.45.**

HCPCS code A4452 on 1-28-04 was denied by the carrier as "F-fee guideline MAR reduction." Per Rule 133.307(g)(3)(D), the requestor is also required to discuss, demonstrate and justify that the payment being sought is a fair and reasonable rate of reimbursement. The Requestor has not provided evidence that the fee billed is for similar treatment of injured individuals and that reflect the fee charged to and paid by other carriers. **Recommend no reimbursement.**

HCPCS code A4305 on 1-28-04 was denied by the carrier as "G - unbundling. Per rule 133.304(c) and 134.202(a)(4) carrier didn't specify which service this was global to. **Recommend reimbursement of \$62.00.**

HCPCS code A4550 on 1-28-04 was denied by the carrier as "G – unbundling and K-Not appropriate health care provider." Per rule 133.304(c) and 134.202(a)(4) carrier didn't specify which service this was global to and Charles Willis is an appropriate health care provider per rule 133.1(a)(9)(A-C). **Recommend reimbursement of \$82.00.**

Regarding HCPCS code J2001: Neither the carrier nor the requestor provided EOB's. There is no "convincing evidence of the carrier's receipt of the request for reconsideration" according to 133.307 (g)(3)(A). **Recommend no reimbursement.**

CPT code 99070 on 1-28-04 was denied by the carrier as "M-fee guideline MAR reduction." The amount in dispute is \$90.00. The carrier has reimbursed \$60.00. Per Rule 133.307(g)(3)(D), the requestor is also required to discuss, demonstrate and justify that the payment being sought is a fair and reasonable rate of reimbursement. The Requestor has not provided evidence that the fee billed is for similar treatment of injured individuals and that reflect the fee charged to and paid by other carriers. **Recommend no additional reimbursement.**

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 totaling \$529.45 on 1-28-04 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 Decision and Order is hereby issued this 10th day of May 2005.

Medical Dispute Resolution Officer
Medical Review Division

Enclosure: IRO decision

NOTICE OF INDEPENDENT REVIEW DECISION

May 4, 2005

Program Administrator
Medical Review Division
Texas Workers Compensation Commission
7551 Metro Center Drive, Suite 100, MS 48
Austin, TX 78744-1609

RE: Injured Worker:
MDR Tracking #: M5-05-1383-01
IRO Certificate #: IRO4326

The Texas Medical Foundation (TMF) has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to TMF for independent review in accordance with TWCC §133.308, which allows for medical dispute resolution by an IRO.

TMF has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a TMF physician reviewer who is board certified in Anesthesiology, which is the same specialty as the treating physician, provides health care to injured workers, and licensed by the Texas State Board of Medical Examiners in 1989. The TMF physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to TMF for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This 46 year-old male injured his neck and pain on ___ when he fell from a nine foot paint booth. He landed flat on his back and neck. He has been treated with therapy, epidural steroid injections (ESI) and medications.

Requested Service(s)

Hot and/or cold pack, injection, unlisted procedures, imaging agent for date of service 01/28/04

Decision

The Kenalog injection and the contrast given for fluoroscopy are medically necessary in the treatment of this patient. However, the hot and/or cold pack, Marcaine, and Deprovan medications are not found to be medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The ESI procedure requires a steroid injection for the therapeutic treatment and a contrast agent for visibility of the epidural space. Therefore, the Kenalog and contrast were medically necessary. The epidural trays contain local anesthetics; therefore, the Marcaine was not needed. Deprovan is generally not a medication used for the ESIs and is therefore, not medically necessary. Hot and/or cold packs are not standard of care for ESIs and therefore are not medically necessary.

Therefore, the Kenalog injection and contrast for fluoroscopy are medically necessary in the treatment of this patient. The hot and/or cold packs, Marcaine & Diprovan medications are not medically necessary to treat this patient's condition.

Sincerely,



Gordon B. Strom, Jr., MD
Director of Medical Assessment

GBS:dm

Attachment

Attachment

Information Submitted to TMF for TWCC Review

Patient Name:

TWCC ID #: M5-05-1383-01

Information Submitted by Requestor:

- Progress Notes
- Diagnostic Tests
- Procedures
- Claims

Information Submitted by Respondent:

- Procedures
- Claims