

MDR Tracking Number: M5-05-1961-01

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 11-02-04.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did prevail** on the issues of medical necessity. The IRO disagrees with the previous determination that the Hydrocodone/APAP and Carisoprodol from 06-22-04 through 10-12-04 were not medically necessary. 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 **\$323.99**.

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 Hydrocodone/APAP and Carisoprodol 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 the amount of \$323.99 in accordance with TWCC reimbursement methodology for pharmaceutical services for dates of service after August 1, 2003 per Commission Rule 134.503(a) to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 06-22-04 through 10-12-04 in this dispute.

This Findings and Decision and Order are hereby issued this 19th day of May 2005.

Medical Dispute Resolution Officer
Medical Review Division

Enclosure: IRO decision

7600 Chevy Chase, Suite 400
Austin, Texas 78752
Phone: (512) 371-8100
Fax: (800) 580-3123

NOTICE OF INDEPENDENT REVIEW DECISION

Date: May 18, 2005

To The Attention Of:

TWCC
7551 Metro Center Drive, Suite 100, MS-48
Austin, TX 78744-16091

RE: Injured Worker:

MDR Tracking #: M5-05-1961-01

IRO Certificate #: 5242

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

Forté has performed an independent review of the proposed 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 an Anesthesiologist/Pain Management reviewer (who is board certified in Anesthesiology/Pain Management) who has an ADL certification. The 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 for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Submitted by Requester:

- Office notes from Dr. Aggarwal from August 2004 through April 2005 including epidural procedure notes from June and October 2004 and February 2005

Submitted by Respondent:

- MRI of the cervical spine from 6/17/02
- EMG/NCV study performed by Dr. Morrison of 2/5/03

- Office notes from Dr. Wilson from November 2002 through November 2003 including physical therapy and manipulation notes
- Office notes from Dr. Aggarwal extending from March 2003 through February 2005 including epidural steroid injection notes from January, April, July and October 2004 and February 2005; and a facet medial branch noted from March 2004
- Office notes from Dr. Schmidt from June, July and August 2002
- Office notes from Dr. Heitkamp from March 2002 through August 2002
- Office notes from Dr. Drazner from October 2002 through February 2003 including epidural steroid injections dated 10/16/02, 10/23/02 and 10/30/02 and 1/16/03
- Operative note from Dr. Milani from 3/24/03
- Office visits from March 2003 through August 2003 of Dr. Milani
- Operative note from Dr. Heitkamp from 4/10/02
- Chart review by Dr. Glidwell of 1/16/04
- RME from Dr. Bussell of 6/3/02, 12/16/04
- RME and review from Dr. Culver of 12/31/01, 4/10/03
- Impairment rating by Dr. Suh of 12/17/02

Clinical History

The claimant was injured while at work. The date of injury was _____. No acute injury occurred. This was an overuse injury as she worked for a company in sales spending a lot of time on the computer and telephone. The claimant was found to have disc abnormalities at C5/6 and underwent an anterior discectomy and fusion by Dr. Heitkamp in April 2002. Continued pain complaints resulted in a second surgery by Dr. Milani on 3/24/03. The procedure was an anterior fusion and discectomy from C5 to C7. The claimant has had multiple physical therapy chiropractic sessions with Dr. Wilson, has had multiple epidural steroid injections every 2-3 months with Dr. Drazner and then Dr. Aggarwal. The claimant has been maintained on oral medications. The claimant does have documented improved functioning, decreased pain and has been working according to the notes over the last 4-6 months.

Requested Service(s)

Prescriptions for Hydrocodone/APAP 7.5 and Carisoprodol 350mg from 6/22/04 through 10/12/04

Decision

I disagree with the carrier and find that use of the above medications was medically necessary over the time period listed.

Rationale/Basis for Decision

There is documented evidence of continued symptomatology related to the claimant's acceptable workers' compensation claim of cervical disc herniation. The claimant does have documentation that the medications are effective at alleviating her symptoms including reduction in verbal

analog scores. Per the provided documentation, it seems the claimant has continued to work since her surgery and there is documentation of improved functioning, although this is subjective as opposed to objective documentation.

In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to TWCC via facsimile or U.S. Postal Service from the office of the IRO on this 18th day of May 2005.

Signature of IRO Employee:

Printed Name of IRO Employee: Denise Schroeder