

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 03-22-05.

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 due from the carrier for the medical necessity issues equals **\$2,560.00**.

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 work hardening and work hardening additional hours were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

This Findings and Decision is hereby issued this 24th day of May 2005.

Medical Dispute Resolution Officer
Medical Review Division

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 for dates of service 10-11-04 through 10-15-04 totaling \$2,560.00 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 24th day of May 2005.

Medical Necessity Team Manager
Medical Review Division
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:	M5-05-2043-01
Name of Patient:	_____
Name of URA/Payer:	North Texas Pain Recovery Center
Name of Provider: (ER, Hospital, or Other Facility)	North Texas Pain Recovery Center
Name of Physician: (Treating or Requesting)	Farooq Selod, MD

May 20, 2005

An independent review of the above-referenced case has been completed by a medical physician board certified in physical medicine and rehabilitation. 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

Records reviewed included the following:

- North Texas Pain Recovery Center Work Hardening Notes, 9/10/04 through 10/15/04 (136 pages);
- Marvin Van Hal, MD clinical notes for 7/8/02;
- ER record for 7/11/02;
- Farooq Selod, MD clinical notes from 7/16/02 through 10/30/02;
- MRI report of 7/26/02;
- Stanley Bigos, MD review dated 8/26/02; and
- William Blair, MD evaluation dated 10/11/02.

48-year-old female with a DOI of ___ injury to low back. Diagnosis is non-radicular, non-specific low back pain with facet arthropathy and L4-5 degenerative disc disease.

REQUESTED SERVICE(S)

Medical necessity of work hardening (97545-WH-CA) and work hardening, add. Hours (97546-WH-CA) for dates of service 10/11/04 through 10/15/04.

DECISION

Reverse prior denial.

RATIONALE/BASIS FOR DECISION

Considering the progress documented, the previous acceptance of this work hardening program by the carrier and positive peer reviewed literature, the previous denial is reversed. Referenced peer reviewed literature is the North American Spine Society Phase III for Multidisciplinary Spine Care Specialists.