



MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION
Retrospective Medical Necessity

PART I: GENERAL INFORMATION

Type of Requestor: () Health Care Provider (X) Injured Employee () Insurance Carrier

Requestor's Name and Address:

MDR Tracking No.: M5-07-0209-01
Previous Tracking No.: M4-07-0319-01

Claim No.:

Injured Employee's Name:

Respondent's Name and Address:

FACILITY INSURANCE CORP
BOX 19

Date of Injury:

Employer's Name:

Insurance Carrier's No.:

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

No Position Summary was received from the Requestor.

Principle Documentation:

1. DWC-60/Table of Disputed Service
2. Receipts for out-of-pocket expenses
3. Explanation of Benefits (EOBs)
4. Proof of request for reconsideration

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Position summary states, "...Carrier asserts that no additional reimbursement is owed for the service dates in dispute. The services are neither reasonable nor necessary to treat the compensable injury of ___..."

Principle Documentation:

1. DWC-60 response

PART IV: SUMMARY OF DISPUTE AND FINDINGS - Medical Necessity Services

Date(s) of Service	CPT Code(s) or Description	Medically Necessary?	Additional Amount Due (if any)
3-16-06, 4-10-06, 5-5-06	Hydroco/APAP	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$440.00
6-14-06, 7-13-06	Roxicodone	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$232.22
7-13-06	CPT code 99213	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$61.63
4-10-06, 5-5-06, 6-14-06	CPT code 99214 (\$97.01 x 3 DOS)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$291.03
3-16-06 – 5-5-06	Temazepam	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$0.00
	Total Due		\$1,024.88

PART V: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code and Division Rule 133.308 (relating to Medical Dispute Resolution by Independent Review Organization), Medical Dispute Resolution assigned an Independent Review Organization (IRO) to conduct a review of the medical necessity issues between the Requestor and Respondent.

Hydroco/APAP

Dates of service:

3-16-06 – \$120.00

4-10-06 – \$120.00

5-5-06 - \$200.00

Total - \$440.00

Roxicodone

Dates of service:

06-14-06 – \$110.00

07-13-06 – \$122.22

Total - \$232.22

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

28 Texas Administrative Code Sec. 133.308, 134.1, 134.202, 134.503

Texas Labor Code Sec. § 413.011(a-d), 413.031

PART VII: DIVISION DECISION

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code, Sec. 413.031 the Division has determined that the Requestor is entitled to reimbursement. The Division hereby **ORDERS** the Respondent to remit the amount of \$1,024.88 to the Requestor within 30 days of receipt of this Order.

Decision and Order by:

Medical Dispute Officer

04-17-07

Authorized Signature

Typed Name

Date of Order

PART VIII: YOUR RIGHT TO REQUEST JUDICIAL REVIEW

Appeals of medical dispute resolution decisions and orders are procedurally made directly to a district court in Travis County [see Texas Labor Code, Sec. 413.031(k), as amended and effective Sept. 1, 2005]. An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. The Division is not considered a party to the appeal.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.



Specialty Independent Review Organization, Inc.

Amended Report of 3/2/07

February 16, 2007

DWC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient:
DWC #:
MDR Tracking #: M5-07-0209-01
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The TDI-Division of Workers' Compensation has assigned this case to Specialty IRO for independent review in accordance with DWC Rule 133.308, which allows for medical dispute resolution by an IRO.

Specialty IRO has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Medical Doctor with a specialty in Anesthesia and Pain Management. The reviewer is on the DWC ADL. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

This gentleman sustained a work related injury originally on ___ while pushing a car. He has had a myelogram, CAT scan, MRI's, EMG/NCV studies, cervical epidural steroid injections, medial branch blocks and cervical radio frequency ablation and physical therapy. He has had opiates and NSAIDs in the past. He has recent documentation of 7/10 VAS pain and "60-70% relieved by meds."

RECORDS REVIEWED

Records from Doctor/Facility: Progress notes-Dr. Sleight

Records from Carrier: Letter from Medical review of Texas; Letters from Flahive, Ogden & Latson; Letters from Forte; Progress notes from Dr. Sleight; IME-Dr. McCaskill; Progress notes-Dr. Henderson; Hospital admission notes-9/23/2004; Dr. Greenberg-notes; Employer's First report of Injury; Dr. Marks notes; Dr. Liggett notes; Family Health Center progress notes; Southwest FL Pain Center notes.

DISPUTED SERVICES

The items in dispute are the retrospective medical necessity of hydrocodone 325MG, Temazepam 30MG, Roxicodone, 99213 office visits and 99214-Office Visits from 3/16/2006 through 7/13/2006.

DECISION

The reviewer agrees with the previous adverse determination regarding Temazepam for all dates under review.

The reviewer disagrees with the previous adverse determination regarding Hydrocodone 325Mg, Roxicodone and office visits for all the dates under review.

BASIS FOR THE DECISION

The review states that the patient is in chronic pain after his injuries. The pain is documented clearly as being opiate responsive. There is no evidence presented of diversion, misuse or any addictive behavior. Benzodiazepines for sleeplessness are approved for only brief periods of time. The package insert in the Physician Desk Reference speaks to a two week period of therapy.

REFERENCES

Portenoy RK Opioid therapy for chronic nonmalignant pain: a review of the critical issues Journal of Pain and symptom management, Vol 11, 1996 pages 203-217.

Ballantyne JC, Mao J. Opioid therapy for chronic pain. New England Journal of Medicine 2003; 349: 1943-53.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that the reviewing provider has no known conflicts of interest between that provider and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for decision before referral to the IRO.

Sincerely,

Wendy Perelli, CEO

CC: Specialty IRO Medical Director

Your Right To Appeal

If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.

If you are disputing the decision, the appeal must be made directly to a district court in Travis County (see Texas Labor Code §413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable.

Sincerely,

Wendy Perelli, CEO

I hereby certify, in accordance with DWC- Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the Division via facsimile, U.S. Postal Service or both on this 2nd day of March, 2007

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli