



Texas Department of Insurance, Division of Workers' Compensation
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

Retrospective Medical Necessity

PART I: GENERAL INFORMATION

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

Requestor's Name and Address:

Spinecare, L.L.P.
5734 Spohn Drive
Corpus Christi, Texas 78414

MDR Tracking No.: M5-07-0692-01
Previous Tracking No's.: M5-07-0597-01
M4-07-0161-01

Claim No.:

Injured Employee's Name:

Respondent's Name and Address:

TEXAS MUTUAL INSURANCE CO, BOX 54

Date of Injury:

Employer's Name:

Insurance Carrier's No.:

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Position Summary (Table of Disputed Services): "Rationale: Authorization was obtained prior to services being rendered. See Auth Letter (Exhibit #3) Monitored anesthesia care is separately reimbursable per Medicare's reimbursement guidelines. (See Exhibit #6)."

Principle Documentation:

1. DWC-60/Table of Disputed Services/Position Summary
2. CMS-1500's
3. EOB's

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Position statement submitted by Texas Mutual does not address the disputed issues.

Principle Documentation:

1. DWC-60/Table of Disputed Services/Position Summary

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)
6-1-06	01992	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$0.00
	Total Due		\$0.00

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.

The Division has reviewed the enclosed IRO decision and determined that the Requestor did not prevail on the disputed medical necessity issues. No reimbursement recommended.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

Texas Labor Code 413.011(a-d) and 413.031
28 Texas Administrative Code Sec, 133.308 and 134.1

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 not entitled to reimbursement for the IRO and is not entitled to reimbursement for the services involved in this dispute.

Findings and Decision by:

Medical Fee Dispute Officer

3-14-07

Authorized Signature

Typed Name

Date of Findings and Decision

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.

March 6, 2007

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

Patient:
DWC #:
MDR Tracking #: M5-07-0692-01
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 has left sided lumbosacral radiculitis and underwent a series of transforaminal epidural steroid injections with intravenous sedation provided by a second anesthesiologist. The anesthesiologist who performed the blocks states that "MAC anesthesia was medically reasonable and necessary to keep the patient from moving during the procedure and damaging the surrounding structures with the needle while it was in proximity to these structures." He further uses the CPT codes for patients with severe pain or low pain threshold.

RECORDS REVIEWED

Records were received and reviewed from the respondent and from the requestor. Notes were not obtained from the treating doctor after several requests via fax and phone. Notes from the respondent include the following: 2/6/07 letter from R. Ball, 12/22/05 operative note, and a TX Comp provider detail report.

Records from the requestor include the following: (in addition to any previously mentioned records): 1/19/07 letter from M. De La Cerda, 4/18/06 to 5/16/06 H&P notes and 18 pages of MAC schedule of covered procedures by Trailblazer.

DISPUTED SERVICES

The services under dispute include CPT code 01992 (nerve block) on 6/1/06.

DECISION

The reviewer agrees with the previous adverse determination.

BASIS FOR THE DECISION

On the patient's initial history and physical examination it states that the patient was in no acute distress while at the same time having severe pain. If the patient can cooperate with the physical examination then the patient should be able to stay still enough for the operator to place the

block. The Medicare schedule included by the requestor specifically states that injection for nerve block is excluded from MAC coverage on page 9.

The argument that the patient is in severe pain which precludes him from staying still is not supported by the documentation reviewed. If he was not in pain he wouldn't need the block in the first place. There is nothing in the history and physical or procedure notes that suggests the patient is writhing in pain and unable to cooperate or unable to maintain posture for the few minutes it takes to position the needles.

REFERENCES

Trailblazer MAC Guidelines, pg. 9

DWC- Division of Workers Compensation Policies or Guidelines

Reviewer's medical judgment, clinical experience and expertise in accordance with accepted medical standards

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 6 day of March, 2007.

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli