

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective January 1, 2002 and Commission Rule 133.305 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 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(q)(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.

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 fluoroscopy during the epidural steroid injection was found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the fluoroscopy during the epidural steroid injection charges.

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 accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to date of service 11/7/01 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 22nd day of July 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

Enclosure: IRO Decision



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NOTICE OF INDEPENDENT REVIEW DECISION

Date: July 17, 2003

Requester/ Respondent Address :

TWCC
4000 South IH-35, MS-48
Austin, Texas 78704-7491

RE: Injured Worker:

MDR Tracking #: M5-03-0038-01
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 a Family Practice physician reviewer who is board certified in Family Practice. The Family Practice 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 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

Mr. ___ was injured on ____. In the notes I have is a diagnosis that appears to be a herniated disc with myelopathy. Patient underwent epidural steroid injections for alleviation of his pain complaints.

Requested Service(s)

Payment for fluoroscopy during the epidural steroid injections.

Decision

I disagree with the insurance carrier and find that fluoroscopy is medically necessary and indicated during epidural steroid injections.

Rationale/Basis for Decision

Studies have shown that during a blinded epidural steroid injection, up to 60% of the time the spread of the medication is not toward the area desired. This has been found to be multifactorial, including the wrong level is entered. The spread of medication is not toward the side expected due to abnormalities in the epidural space, and the needle tip is not within the epidural space. The standard care for epidural steroid injections in people with structural abnormalities of the spine is fluoroscopy to help guide injections into the appropriate areas.

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 17th day of July 2003.

Signature of IRO Employee:

Printed Name of IRO Employee: