

MDR Tracking Number: M5-03-0060-01

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 (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that prescription medications were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Division has determined that prescription medication fees were the only fees involved in the medical dispute to be resolved. As the treatment was not found to be medically necessary, reimbursement for dates of service from 8/29/01 to 2/6/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 3<sup>rd</sup> day of January 2003.

Noel L. Beavers  
Medical Dispute Resolution Officer  
Medical Review Division

NLB/nlb

December 20, 2002

### **NOTICE OF INDEPENDENT REVIEW DECISION**

**RE: MDR Tracking #: M5-03-0060-01**

\_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). \_\_\_ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to \_\_\_ for independent review in accordance with this Rule.

\_\_\_ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing physician on \_\_\_ external review panel. This physician is board certified in neuro-surgery. \_\_\_ physician reviewer signed a statement certifying that no known conflicts of interest exist between this physician and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to \_\_\_ for independent review. In addition, \_\_\_ physician reviewer certified that the review was performed without bias for or against any party in this case.

### Clinical History

This case concerns a 42 year-old female who sustained a work related injury to her back on \_\_\_\_\_. The patient stated that she works as a street cleaner and that on \_\_\_\_\_ she was walking back to her truck when she slipped and fell injuring her back. The diagnoses for this patient are L4-S1 decompression and fusion on 4/24/01, chronic pain syndrome, chronic radiculopathy. The patient has had 4 back surgeries, and undergone a MRI, myelogram with CT scan, and an EMG. She has also been treated with medications for pain management.

### Requested Services

Prescriptions denied 8/29/01 through 2/6/02.

### Decision

The Carrier's denial of coverage for these services is upheld.

### Rationale/Basis for Decision

\_\_\_\_\_ physician reviewer notes that after a review of the medical records provided, the patient sustained a work related injury to her back on \_\_\_\_\_. \_\_\_\_\_ physician reviewer also notes that the diagnoses for this patient were L4-S1 decompression, chronic pain syndrome, and chronic radiculopathy. \_\_\_\_\_ physician reviewer explained that was treated with 4 back surgeries and medications for pain management. \_\_\_\_\_ physician reviewer also explained that the medications prescribed from 8/29/01 through 2/6/02 are not related to the work injury. \_\_\_\_\_ physician reviewer further explained that the prescribed medications are for hypertension and Potassium replacement and not for the treatment of pain. Therefore, \_\_\_\_\_ physician consultant concluded that the prescribed medications from 8/29/01 through 2/6/02 were not medically necessary for the treatment of this patient's condition.

Sincerely,