

MDR Tracking Number: M5-03-0114-01

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 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 not the only issue** to be resolved. The spinal instrumentation on 8-29-01 was found to be medically necessary.

Codes 22820 and 22820-85 billed on 8-29-01 were denied as global. Operative report does not support services rendered. No reimbursement recommended.

The above Findings and Decision are hereby issued this 22nd day of May 2003.

Dee Z. Torres
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 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 8-29-01 in this dispute.

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

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/dzt

NOTICE OF INDEPENDENT REVIEW DECISION

Date: November 20, 2002

Requester/ Respondent Address Rosalinda Lopez, TWCC, 4000 South IH-35,
MS-48, Austin, TX 78704-7491

RE: MDR Tracking #: M5-03-0114-01
IRO Certificate #: 5242

___ 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 ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ 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 an orthopedic surgeon physician reviewer who is board certified in Orthopedic surgery. The orthopedic surgeon 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

The claimant is a gentleman with a history of workers compensation injury with back pain. He underwent a discectomy and fusion posteriorly at L5-S1. Subsequent to that surgery, he continued to be symptomatic and unable to work. He eventually was seen by the doctor who examined the claimant and also got a computerized tomography of the lumbar spine. This showed that there was no fusion on the left side so he had a pseudarthrosis. The doctor then recommended and performed an anterior cage fusion and discectomy at L5-S1 in order to achieve a solid fusion at that level.

Requested Service(s)

Spinal surgery

Decision

Authorize requested services.

Rationale/Basis for Decision

At this time, it is my opinion that that procedure is appropriate and medically necessary. This claimant had a documented pseudarthrosis at L5-S1 which is not uncommon. In order to achieve a solid fusion, it is appropriate to do an anterior cage which is a reliable procedure to achieve fusion at that level. This is well accepted in the medical literature.

This decision by the IRO is deemed to be a TWCC decision and order.

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 20 th day of November 2002.
