

MDR Tracking Number: M5-03-0260-01

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. The IRO has not clearly determined the prevailing party over the medical necessity issues. Therefore, in accordance with §133.308(q)(2)(C), the Commission shall determine the allowable fees for the health care in dispute, and the party who prevailed as to the majority of the fees for the disputed health care is the prevailing party.

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 disputed services on the EOB that were denied for unnecessary medical were found to be not medically necessary. There is still an unresolved fee dispute.

Per Rule 133.307 (g) (3), the Division notified the parties and required the requestor to submit two copies of additional documentation relevant to the fee dispute. The 14-day Notice was mailed on 12-16-02. Per Commission Rule 102.5(d), the date received is deemed to be five days from the date mailed. The requestor did not respond. Per Rule 133.307 (g) (4), the carrier representative was also notified on 12-16-02. The carrier did not respond to the 14-day letter.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
10-18-02 1-17-02 2-18-02	64441 99212 64441 99080-73	\$314.00 \$ 55.00 \$314.00 \$ 15.00	\$ 0.00	U	\$314.00 \$ 32.00 \$314.00 \$ 15.00	IRO Decision	The IRO agreed with the insurance carrier's adverse determination. See IRO Decision.
9-24-01	64441	\$314.00	\$ 0.00	No EOB	\$314.00	96 MFG Surgery GR; CPT descriptor	The requestor did not submit documentation to support the services rendered. No reimbursement is recommended.
TOTAL		\$1,012.00	\$ 0.00				The requestor is not entitled to reimbursement.

Consequently, the Commission has determined that the requestor did not prevail on the majority of the medical fees. Therefore, the requestor is not owed a refund of the paid IRO fee.

This Order is hereby issued this 4th day of February 2003.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

DZT/dzt

December 5, 2002

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-03-0260-01

___ 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 occupational medicine. ___ 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 46 year old man who injured his back lifting at work on ___. Past medical history was significant for prior lumbar discectomy and fusion in 1985. Current diagnoses include thoracic sprain an/or myofascial pain syndrome in the upper back. He

first received trigger point injections in May 1993. Other treatment has included epidural steroid injections, selective nerve blocks, piriformis injections, physical therapy modalities and medications (Including Soma, Tylenol with Codeine, Vicodin, Darvocet and Xanax). His latest trigger point injections were from 9/29/01 through 4/11/02, every 4-6 weeks, with positive results noted. Studies were referenced but not available, including lumbar MRI and a thoracic myelogram with CT. No nerve root impingement was noted, and he had a solid fusion.

Requested Services

Office visits and injections on 10/18/01 through 2/18/02.

Decision

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

Rationale/Basis for Decision

___ physician reviewer indicated that there is not convincing evidence regarding the efficacy of different forms of injection therapy, and this remains a source of controversy. ___ physician reviewer further indicated that the mechanism of action is poorly understood for injection therapy, making its' use often difficult to support. ___ physician reviewer explained that Nelemens et al conducted a review of 5 randomized controlled trials between placebo and injection therapy and that there was no significant difference between the treatment groups. (Nelemans PJ et al. Injection therapy for subacute and chronic benign low back pain. Spine, 2001; 26(5): 501-515). ___ physician reviewer further explained that a review by Balague noted that 64% physicians felt that trigger point injections were effective for acute low back pain, but that there was no strong conclusive study that supported or refuted the efficacy of injection therapy. (F Balgue. Injections and low back pain: outcome and randomized controlled trials. Bulletin Hospital for Joint Diseases, 1996; 55(4): 185-190). Therefore, ___ occupational medicine consultant concluded that the requested treatment is not medically necessary for the treatment of the patient's condition.

Sincerely,