

MDR Tracking Number: M5-03-0288-01

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 the only issue** to be resolved. The first three facet injections after 1/11/02 and all related services and supplies (including: x-ray exam, fluoroscope exam, measure blood oxygen level, infusion normal saline solution, betamethasone sodium phosphate and lidocaine HCL and fentanyl citrate injections, unclassified drugs, iv pole, electrodes, tape, nasal cannula, tubing, syringe with needle, sterile 5cc, huber-type needle, sterile needles and post-op monitoring) were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these injection charges.

This Finding and Decision is hereby issued this 5th day of February 2003.

Carol R. Lawrence
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 dates of service 1/11/02 through 2/8/02 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 5th day of February 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/cl

December 6, 2002

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-03-0288-01

___ 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 58 year-old male who sustained a work related injury to the lumbar area of his back on ___. The diagnosis for this patient is low back pain and Sciatica. The patient has been treated with anti-inflammatory medications and muscle relaxants, paravertebral regional nerve blocks and facet injections, and a home exercise program that worked very effectively. The patient has also had an MRI showing 2 herniated disks.

Requested Services

Nerve block injections, X-Ray exam, fluoroscope examination, measure blood oxygen level, infusion normal saline solution, betamethasone sodium phosphate and lidocaine HCL and Fentanyl Citrate injections, unclassified drugs, IV pole, electrodes, tape, nasal cannula, tubing, syringe with needle, sterile 5cc, huber type needle, sterile needles, post-op monitoring 1/11/02 through 2/8/02.

Decision

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

Rationale/Basis for Decision

___ physician reviewer notes that the patient sustained a work related injury to his lumbar area of his back on ___ and that the diagnosis for this injury is low back pain and Sciatica. ___ physician reviewer also noted that the patient has been treated with anti-inflammatory medications, muscle relaxants, paravertebral regional nerve blocks and facet injections, and a home exercise program that worked very effectively. ___ physician reviewer further notes that although the latest series of facet joint injections have been completed with some reported relief, the ongoing use of various injection therapies has questionable benefit long-term. ___ physician reviewer explains that Nelemans et al conducted a review of randomized controlled trials on the efficacy of injection therapy in patients with low back pain for greater than one month, but that the scientific evidence has not been found to support them as a definitive treatment. (Nelemans PJ et al. Injection therapy for sub-acute and chronic benign low back pain. Spine, 2001; 26(5): 501-515). ___ physician reviewer concluded that it was reasonable to try up to three facet joint injections. Therefore, ___ physician consultant concluded that the first three facet joint injections performed after 1/11/02 and all related services and supplies, were medically necessary for treatment of this patient's condition, but that the remainder of the injections performed there after were not medically necessary for treatment of his condition.

Sincerely,