

MDR Tracking Number: M5-03-0327-01

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 \$460.00** 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 disputed office visits were found to be medically necessary. However, the medical reports were not medically necessary. The respondent raised no other reasons for denying reimbursement.

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

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 10th day of December 2002.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

NLB/nlb

November 25, 2002

Re: Medical Dispute Resolution
MDR #: M5.03.0327.01
IRO Certificate No.: IRO 5055

Dear

IRI has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, IRI reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is certified in Chiropractic medicine.

Clinical History:

This male claimant suffers from a neck injury sustained on his job on _____. The pain radiates into his shoulder bilaterally and, at times, also affects his right arm. An MRI revealed a disc herniation. A discogram was performed, indicated surgical intervention. The discogram aggravated his pain.

Disputed Services:

Office visits and two reports rendered during the period 02/13/02 through 05/02/02.

Decision:

The reviewer partially agrees with the determination of the insurance carrier. The reviewer is of the opinion that the office visits in question **were medically necessary** in this case. However, the referenced reports **were not medically necessary** as they were not present in the record for review.

Rationale for Decision:

The treating physician's office notes provide supporting clinical information to support medical necessity of care and improvement in response to receiving care. The treatment rendered appears to follow the *Texas Guidelines for Chiropractic Quality and Assurance and Practice Parameters*. Additional visits to monitor the patient's progress, consultations, scheduling of tests (MRI, discogram, orthopedic referrals), review of test findings, treatment for flare-ups

which occur, can be expected as reasonable and necessary treatment.

Regarding the two reports under dispute, such reports were not a part of the medical records provided for review. Consequently, the reviewer must deem them to not be medically necessary.

I am the Secretary and General Counsel of Independent Review, Inc. and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Sincerely,

Gilbert Prud'homme
Secretary & General Counsel
GP:mbs