

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:
SOAH DOCKET NO. 453-05-0604.M5**

MDR Tracking Number: M5-03-0330-01

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 IRO reviewed ASC services including fluoroscopy, medical supplies, anesthesia and sterile supplies rendered on 10-22-01 that were denied based upon "U".

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.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On July 9, 2003, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
10-22-01	R360 – OR Services	\$7087.76	\$2236.00	M	F&R	Section 413.011 (b)	Requestor did not submit documentation to support position that amount billed was fair and reasonable per statute. Additional reimbursement is not recommended.
TOTAL		\$7087.76					The requestor is not entitled to reimbursement.

This Decision is hereby issued this 13th day of August 2003.

Elizabeth Pickle
 Medical Dispute Resolution Officer
 Medical Review Division

ORDER.

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for 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 Decision is applicable for date of service 10-22-01.

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.

This Order is hereby issued this 13th day of August 2003.

Roy Lewis, Supervisor
 Medical Dispute Resolution
 Medical Review Division

June 30, 2003

Re: Medical Dispute Resolution
MDR #: M5-03-0330-01
IRO #: 5055

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, 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 Board Certified in Orthopedic Surgery.

Clinical History:

This 42-year-old female claimant suffered a work-related injury on _____. She was evaluated on 10/22/01 for the source of her back pain with discograms at L3-L4, L4-L5, and L5-S1. The discograms at L3-L4 and L5-S1 show normal findings. An abnormal discogram at L4-L5 occurred, with concordant low back pain, rated level 8, and partially relieved by intradiscal injection of 1 cc of 0.5% Bupivacaaine with Depo-Medrol 16 mg into the disc.

Disputed Services:

Ambulatory services on 10/22/01.

Decision:

The reviewer disagrees with the determination of the insurance carrier. The reviewer is of the opinion that the surgery (discogram) in question was medically necessary in this case.

Rationale for Decision:

Based on the records provided for review, the study was appropriately prescribed and indicated, and appears to have been effective in determining the likely source of the patient's pain.

I am the Secretary and General Counsel of ___ 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,