

THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER:

SOAH DOCKET NO. 453-03-3809.M5

MDR Tracking Number: M5-03-0452-01

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 (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that office visits were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Division has determined that office visit fees were the only fees involved in the medical dispute to be resolved. As the treatment was not found to be medically necessary, reimbursement for dates of service from 10/31/01 to 6/26/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 19th day of May 2003.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division
NLB/nlb

NOTICE OF INDEPENDENT REVIEW DECISION

Date: May 15, 2003

RE: MDR Tracking #: M5-03-0452-01
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 reportedly sustained a compensable work injury of slip and fall at work on _____. The claimant fell onto the left side onto the buttock area. Subsequent work up included MRI which showed no acute disc herniation and an electromyogram /nerve conduction velocity report of 4/7/00 indicated normal study. The claimant completed conservative treatment and reached maximum medical improvement on 7/18/01 with 9% impairment rating.

Requested Service(s)

Office visits rendered from 10/31/01 to 6/26/02.

Decision

I agree with the insurance carrier that office visits running from 10/31/01 to 6/26/02 were not medically necessary.

Rationale/Basis for Decision

Documentation does not support ongoing treatment of lumbar radiculopathy as documented by the treating physician in office visits during the period in question. According to the documentation provided the claimant sustained a self-limited soft tissue injury. MRI showed no acute lesion and electromyogram / nerve conduction velocity was normal and did not document any evidence consistent with lumbar radiculopathy. It is within reasonable medical probability that the claimant has fully recovered from any condition related to the compensable event of _____ and exacerbation, if any, of pre-existing degenerative condition has resolved.