

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 prescription medications, Hydrocodone/APAP, Naprrelan, Carisoprodo, Preomethaine, Ambien, Diclofenac, Alprazolam, Clonazepam, and Bextra were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these prescription medication charges.

This Finding and Decision is hereby issued this 30th day of July 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 12/22/01 through 6/7/02 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 30th day of July 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/cl

December 2, 2002

David Martinez
TWCC Medical Dispute Resolution
4000 IH 35 South, MS 48
Austin, TX 78704

MDR Tracking #: M5-03-0464-01
IRO #: 5251

___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this 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 care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed M.D. who is both specialized and board certified in Physical Medicine and Rehabilitation. The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors 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 the dispute.

CLINICAL HISTORY

___ is a 39-year-old female who sustained an injury to her back on ___ when she was driving a forklift/transporter. The forklift hit a concrete pillar. She saw ___. She started office visits with ___ in October 2000. At that time he diagnosed ___ as having a sprain and soft tissue injury to the back. In the spring of 2001, ___ noted that ___' condition had worsened. He then referred to ___ in June, 2001. ___ recommended that ___ have radio

frequency neuroblation of the medial branch that innervates the facet joint of L4/5 and L5/S1.

DISPUTED SERVICES

Under dispute are medications Hydrocodone/APAP 10/235, Naprrelan 500 mg., Carisoprodo 350 mg., Preomethazine 25 mg., Ambien 10 mg., Diclofenac 75 mg., Alpraxolam 0.5 mg., Clonazepam 2 mg., and Bextra 20 mg. which were prescribed for ___ from 12/22/01 through 6/7/02.

DECISION

The reviewer disagrees with the prior adverse determination.

BASIS FOR THE DECISION

Under TWCC rules, relief of symptoms by itself is sufficient to show medical necessity. The paucity of information provided for this review makes it difficult to determine the medical necessity for medications. The fact that the physicians had to write the prescriptions in question before they could be filled implies that the patient had symptoms that her physicians felt required medication at that time. The insurance company's EOBs state merely that the medication in question was unreasonable, but did not provide explanation.

As an officer of ___, I certify that there is no known conflict between the reviewer, ___ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

___ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,