

MDR Tracking Number: M5-03-0650-01

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.

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 (Ultram and Neurontin) were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these prescription medication charges.

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 4/22/02 through 7/17/02 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 27th day of January 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

January 24, 2003

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

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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 D.O. who is both specialized and board certified in Anesthesiology with a specialty in Pain Management. 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

Low back pain resulting from a work-related incident on ___ was the chief complaint registered by ___. That complaint continued in spite of conservative therapies and a lumbar laminectomy. Medical management by ___ apparently has been fairly successful. Interruptions in therapy correspond to levels in increased distress.

DISPUTED SERVICES

Under dispute is the medical necessity of the medications Ultram and Neurontin from 4/22/02 through 7/17/02.

DECISION

The reviewer disagrees with the prior adverse determination.

BASIS FOR THE DECISION

___ continued complaints of lumbar pain since the date of injury and after surgical intervention speaks to the likelihood of positive correlation to the initial insult. Further, it is accepted that post-laminectomy pain syndrome is a valid diagnosis and presents specific challenges in pain management. Post-laminectomy pain syndrome does cause similar complaints that this claimant registers. Facet syndrome may present with similar signs and symptoms, but there is no clear indication that it exists or that it supercedes in the likelihood of being of being the pain generator in this case. Medical management is occasionally the most reasonable mode of treatment of such conditions. The patient's response to such treatment and recrudescence of complaints with treatment interruption demonstrate the benefit therein. In situations like post-laminectomy syndrome that are difficult to treat with conservative or more involved measures, medical therapy that improves functionability is reasonable.

___ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. ___ has made no determinations regarding benefits available under the injured employee's policy

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,