

MDR Tracking Number: M5-03-0722-01

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 total amount recommended for reimbursement does not represent a majority of the medical fees of the disputed healthcare; therefore, the **requestor did not prevail** in the IRO decision. Consequently, the requestor is not owed a refund of the paid IRO fee.

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 office visits from 6-22-01 through 10-2-01 were found to be medically necessary. The office visit on 9-18-01 and the nerve blocks on 6-15-01 and 12-10-01 were not found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these services 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 6-22-01 through 12-10-01 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 18th day of March 2003.

Dee Z. Torres  
Medical Dispute Resolution Officer  
Medical Review Division

DZT/dzt

## NOTICE OF INDEPENDENT REVIEW DECISION

**Date:** January 8, 2003

**Requester/ Respondent Address:** Rosalinda Lopez  
TWCC  
4000 South IH-35, MS-48  
Austin, Texas 78704-7491

**RE: MDR Tracking #:** M5-03-0722-01  
**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 Anesthesiologist/Pain Management physician reviewer who is board certified in Anesthesiology and Pain Management. The Anesthesiologist/Pain Management 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**

This individual was injured on \_\_\_. She underwent numerous injection procedures throughout 2000 and 2001 none of which provided relief for her back pain. Discography performed by the doctor revealed positive discogenic pain at L5-S1. Psychological evaluation reveals significant psychological issues. There is evidence of anxiety and depression that is unrelated to the work injury. In spite of failure to obtain relief from injection therapy, paravertebral injections and iliosacral injections were continued throughout 2001 and continued into 2002.

**Requested Service(s)**

Nerve blocks and office visits from 5/15/01 to 12/10/01

**Decision**

I agree with the decision to deny reimbursement for the “nerve blocks” performed from 5/15/01 through 12/10/01. The listed office visits in dispute, number only five (5), from 5/15/01 to 12/10/01. In the medical record, however, there are many more office visits. One office visit per month, starting on 5/15/01 is considered to be reasonable and necessary. For the listed office visits, this would mean that the second office visit in September was not reasonable or necessary.

**Rationale/Basis for Decision**

There is no evidence in the record that any of the injection procedures provided relief. Therefore, there is no reason to continue these injections subsequent to 5/15/01. Office visits at monthly intervals for medication management are reasonable, but there is no reason for office visits more frequently than monthly. There is no indication that the claimant was misusing her medication. The claimant has chronic pain. There was minimal change in her status. Therefore, there was no reason to see her more frequently than monthly.

This decision by the IRO is deemed to be a TWCC decision and order.

<p>In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requester and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 9th day of January 2002.</p>
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