

MDR Tracking Number: M5-03-0738-01

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 did not prevail** on the issues of medical necessity. Therefore, in accordance with §133.308(q)(9), the Commission **Declines to Order** the respondent to refund the requestor for the paid IRO fee.

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 were found to not be medically necessary. The respondent raised no other reasons for denying reimbursement.

This Order is hereby issued this 15th day of January 2003.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

NLB/nlb

January 6, 2003

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-03-0738-01

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). ___ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ___ for independent review in accordance with this Rule.

___ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing physician on ___ external review panel. This physician is board certified in anesthesiology. ___ physician reviewer signed a statement certifying that no known conflicts of interest exist between this physician and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ___ for independent review. In addition, ___ physician reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 34 year-old gentleman who sustained a work related injury on _____. The patient sustained an injury to his lumbar spine. This patient's diagnosis is lumbosacral radiculopathy/post laminectomy, with exacerbation, secondary myofascial back pain, situational depression, exacerbation of lower back pain. The patient has been treated conservatively and has also undergone a hemi-laminectomy/hemi-facetectomy at L4-L5 and L5-S1 bilaterally with excision of ruptured lumbar discs and nerve root decompression, lumbar interbody fusion at L4-5 and L5-S1. This patient has also undergone extensive rehabilitation, injection therapy, and oral pain medications.

Requested Services

RX denied on 12/26/01.

Decision

The Carrier's denial of coverage for these services is upheld.

Rationale/Basis for Decision

_____ physician reviewer noted that the patient sustained a work related injury on _____ to his lumbar spine. _____ physician reviewer also noted that the patient has undergone multiple treatment programs including conservative therapy, oral pain medications and surgery. _____ physician reviewer further noted that the patient is currently being treated with Oxycontin, Roxicodone, Zanaflex, Ambien and topical Aloe Linement. _____ physician reviewer explained that the patient has a chronic pain syndrome that is presently treated with analgesic medications. _____ physician reviewer further explained that the patient has also been treated with conservative and interventional modalities without long term pain relief. _____ physician reviewer also explained that this patient has undergone medical evaluations and it has been recommended that the patient be referred to a comprehensive pain management program for evaluation of his present chronic pain syndrome and medical regimen in use for treatment of his condition. _____ physician reviewer indicated that the patient would benefit from an evaluation and treatment at a multidisciplinary pain management center. _____ physician reviewer also indicated that a multidisciplinary pain treatment approach would represent a balanced program of patient care as well as a diverse collection of medical specialists and office support personnel. _____ physician reviewer further indicated that this model would provide extensive diagnostic, therapeutic, and rehabilitative services and might allow for a decrease in the amount of pain medication presently used to treat this patient's condition. Therefore, _____ physician consultant concluded that the medication prescribed on 12/26/01 was not medically necessary to treat this patient's condition.

Sincerely,
