

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:
SOAH DOCKET NO. 453-03-2853.M5**

MDR Tracking Number: M5-03-0883-01

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. 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 MRI was found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these MRI 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 date of service 11/30/01 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 27th day of, February 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division
CRL/crl

February 5, 2003

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-03-0883-01

___ 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 chiropractor on ___ external review panel. ___ chiropractor reviewer signed a statement certifying that no known conflicts of interest exist between this chiropractor 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, ___ chiropractor reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a female who sustained a work related injury on ____. The patient reports that she drives truck for a living and that on ___ she was rear ended by another vehicle. The patient reports that immediately following, and a few days after the accident, she experienced stiff neck, headaches, pain in the mid back, neck pain and pain in the low back, pain down both shoulders and right leg. The patient also reported on 11/5/01, that she had a loss of consciousness during the accident. On 12/4/01 the patient also reported blurred vision. The patient had X-Rays on 11/2/01. The diagnoses for this patient include acute cervical sprain/strain with attendant subluxation complex of the cervical spine, hyperextension-hyperflexion type injury of the cervical spine, lumbosacral sprain/strain with accompanying vertebral subluxation, post-traumatic cephalgia, and lumbar radiculitis.

Requested Services

MRI on 11/30/01

Decision

The Carrier's determination that these services were not medically necessary for the treatment of this patient's condition is overturned.

Rationale/Basis for Decision

___ chiropractor reviewer indicated that the patient sustained a work related injury on ____. ___ chiropractor reviewer also indicated that the patient sustained a cervical sprain/strain. ___ chiropractor reviewer noted that at the time of the accident the patient had loss of

consciousness. ___ chiropractor reviewer also noted that the patient reported blurred vision on 12/5/01. ___ chiropractor reviewer further noted that the orthopedic tests conducted on 11/5/01 indicated possible nerve root involvement of the cervical spine. (___, ___; Orthopedic Testing: 1993. ___; Orthopedic/Neurological: 1980. ___; Whiplash: 1998-1995). ___ chiropractor reviewer explained that an MRI of the cervical spine showed mild degenerative disc disease that would have derangement effect on outer units to the vertebra. ___ chiropractor reviewer also explained that the MRI is diagnostic for spinal trauma. Therefore, ___ chiropractor consultant concluded that the MRI on 11/30/01 was medically necessary to diagnose and treat this patient's condition.

Sincerely,