

**THIS MDR TRACKING NO. WAS WITHDRAWN.  
THE AMENDED MDR TRACKING NO. IS: M5-03-2248-01**

MDR Tracking Number: M5-03-0888-01

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, the total amount recommended for reimbursement does not represent a majority of the medical fees of the disputed healthcare and 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 once a month (12/18/01, 1/22/02, 2/7/02, 3/5/02, 4/16/02, 5/28/02, 6/20/02, 7/18/02, 8/15/02 and 9/12/02) were found to be medically necessary. The remaining billed services including any other office visit, special reports and removal of sutures under anesthesia were not found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these office visit 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 12/18/01 through 9/12/02 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 25<sup>th</sup> day of April 2003.

Carol R. Lawrence  
Medical Dispute Resolution Officer  
Medical Review Division

CRL/crl

## NOTICE OF INDEPENDENT REVIEW DECISION

February 19, 2003

Rosalinda Lopez  
Program Administrator  
Medical Review Division  
Texas Workers Compensation Commission  
4000 South IH-35, MS 48  
Austin, TX 78704-7491

RE: MDR Tracking #: M5-03-0888-01  
IRO Certificate #: 4326

\_\_\_ 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 §133.308 which allows for medical dispute resolution by an IRO.

\_\_\_ has performed an independent review of the rendered 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 a \_\_\_ physician reviewer who is board certified in family practice which is the same specialty as the treating physician. The 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 42 year old male sustained a work-related injury on \_\_\_ when he dropped the access panel to an ice machine and experienced an onset of pain in his neck radiating to his shoulder, arms and hands. A workup revealed degenerative changes involving the cervical spine with facet arthrosis, spondylosis and a herniated disc at C5-6. On 06/09/97, the patient underwent an anterior cervical discectomy and fusion at C5-6 and C6-7. The patient continued to have complaints of pain and received care from his primary care physician in the form of office visits, special reports, and removal of sutures under anesthesia from 12/18/01 through 09/12/02.

Requested Service(s)

Office visits, special reports, and removal of sutures under anesthesia from 12/18/01 through 09/12/02.

Decision

It is determined that one office visit once a month from 12/18/01 through 09/12/02, which included 12/18/01, 01/22/02, 02/07/02, 03/05/02, 04/16/02, 05/28/02/, 06/20/02, 07/18/02, 08/15/02 and 09/12/02, was medically necessary to treat this patient's condition.

The remainder of the billed services including special reports, removal of sutures under anesthesia and office visits were not medically necessary.

Rationale/Basis for Decision

This patient was seen by his primary care physician from 12/18/01 through 09/12/02 on several occasions. The medical record documentation does not indicate that the patient was experiencing any change in his disease process that would warrant this number of visits. The patient did not require any special examinations and there is no indication why the patient would require more than one monthly office visit. There is no documentation to indicate the necessity for special reports, removal of sutures under anesthesia or office visits in excess of one time per month to monitor medications. Therefore, one office visit once a month from 12/18/01 through 09/12/02, which included 12/18/01, 01/22/02, 02/07/02, 03/05/02, 04/16/02, 05/28/02/, 06/20/02, 07/18/02, 08/15/02 and 09/12/02, was medically necessary. However, the remainder of the billed services including special reports, removal of sutures under anesthesia and office visits were not medically necessary.

Sincerely,