MDR Tracking Number: M5-03-0928-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General 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 dispute was received on 12-9-02.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the prescriptions were not medically necessary.

Based on review of the disputed issues within the request, the Medical Review Division has determined that fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for dates of service from 12-11-01 through 12-5-02 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 3rd day of November 2003.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division
DZT/dzt

October 31, 2003

NOTICE OF INDEPENDENT REVIEW DECISION
Corrected Letter

RE: MDR Tracking #: M5-03-0928-01

___ 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 the ___ external review panel. The reviewer has met the requirements for the ADL of TWCC or has been approved as an exception to the ADL requirement. This physician is board certified in neurology. The ___ 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, the ___ physician 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 reported that while at work as a driver, she was involved in a front-end collision. The patient underwent an MRI of the cervical and lumbar spine on 1/26/99. A CT myelogram of the cervical and lumbar spine showed mild central spinal stenosis at C4-5 and C5-6 levels. The patient was diagnosed with cervical and lumbar sprain/strain without radiculopathy and was treated with therapy, pain management and work hardening. On 8/13/99 the patient underwent trigger point injections and on 2/28/00 and 5/17/00 the patient underwent cervical epidural steroid injections. The patient underwent lumbar epidural steroid injection on 3/29/00 and on 4/26/00 the patient underwent lumbar facet joint intra-articular steroid injections. The patient has also been treated with oral medications.

Requested Services
Prescriptions from 12/11/01 through 12/5/02.

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

Rationale/Basis for Decision
The ___ physician reviewer noted that this case concerns a female who sustained a work related injury to her cervical and lumbar spine on ___. The ___ physician reviewer also noted that the patient has been diagnosed with cervical and lumbar sprain/strain without radiculopathy. The ___ physician reviewer further noted that the patient has been treated with therapy, pain management, work hardening, trigger point injections, cervical epidural steroid injection, lumbar epidural steroid injections, lumbar facet joint intra-articular steroid injections and oral medications. The ___ physician reviewer indicated that the patient has also undergone an IME, however there were no focal findings or evidence of "symptom magnification". The ___ physician reviewer explained that the patient continued to complain of headaches but that a CT scan of the head was reported to be negative. The ___ physician reviewer also explained that the patient continued to complain of subjective back and neck pain. However, the ___ physician reviewer noted that there is no objective evidence for an injury that would require prolonged treatment. The ___ physician reviewer further explained that some of the medications in question are not related to treatment for this patient's subjective complaints. Therefore, the ___ physician consultant concluded that the prescriptions from 12/11/01 through 12/5/02 were not medically necessary to treat this patient's condition at this time.

Sincerely,