

MDR Tracking Number: M5-03-0958-01

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 this MRI charge.

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 fee 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 8/14/02 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 18th day of February 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

February 17, 2003

David Martinez
TWCC Medical Dispute Resolution
4000 IH 35 South, MS 48
Austin, TX 78704

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___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this 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 care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Medical Doctor with a specialty in diagnostic, vascular and interventional radiology. The reviewer is board certified in radiology.. The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors 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 the dispute.

CLINICAL HISTORY

This patient is a 49 year old female who was knocked to the floor by a student. She sustained a right neck injury from the incident on ____. She has been treated by a number of practitioners, including chiropractic, medical and osteopathic doctors. MRI was performed on August 14, 2002 and revealed disc herniations at C3-4 and C5-6. The C3-4 herniation touches the spinal cord, but does not indent the cord. The report states that the foramen is clear. The carrier's peer reviewer, ____, states that further treatment is unnecessary after August 17, 1999, as the patient's symptoms had resolved at that time.

DISPUTED SERVICES

The carrier has denied the MRI as medically unnecessary with a peer review.

DECISION

The reviewer disagrees with the prior adverse determination.

BASIS FOR THE DECISION

The carrier's ruling, "V-unnecessary treatment with a peer review" is invalid in this case. An MRI exam is not treatment, but rather an imaging study obtained to guide appropriate treatment. There is no record of a prior MRI, so ___ had no way of evaluating the cervical discs. MRI would also provide additional information about degenerative spurring that would be clinically significant. One could argue that acute symptoms could resolve (apparently by August 17, 1999, as noted by ___) only to have them reoccur because of development of post traumatic degenerative arthritis.

___ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. ___ has made no determinations regarding benefits available under the injured employee's policy.

As an officer of ___, I certify that there is no known conflict between the reviewer, ___ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

___ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,