

**THIS MDR TRACKING NO. WAS WITHDRAWN.
THE AMENDED MDR TRACKING NO. IS: M5-04-0738-01**

MDR Tracking Number: M5-03-0995-01

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. This dispute was received on 12-19-02.

The IRO reviewed computer data analysis rendered from 1-11-02 to 3-5-02 that were denied based upon "U".

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.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On June 2, 2003, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

The following table identifies the disputed services and Medical Review Division's rationale:

The requestor billed components of sterile stry separately. The sterile tray is not global to epidural steroid injection. The 1 hour recovery room monitoring

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
1-11-02 1-11-02 2-5-02	99070	\$41.58	\$0.00	F, G	DOP	Surgery GR (I)(E)(4)(c)(d) (I)(E)(7) General	___ and ___ were billed using 99070– These are part of sterile tray and are reimbursable. 3 X \$41.58 = \$124.74.
1-11-02 2-5-02	A4554	\$12.75	\$0.00	F, G	DOP	Instructions GR (IV) and (VI)	Disposable underpads - These are part of sterile tray and are reimbursable. 2 X \$12.75 = \$25.50.

1-11-02 1-11-02 2-5-02 2-5-02 3-5-02	A4209	\$40.00	\$0.00	F, G	DOP		Syringe with needle (5cc) - These are part of sterile tray and are reimbursable. 5 X \$40.00 = \$200.00.
1-11-02 1-11-02 2-5-02 2-5-02 3-5-02 3-5-02	A4649	\$140.00	\$0.00	F, G	DOP		Gloves radiation resistant - These are part of sterile tray and are reimbursable. 6 X \$140.00 = \$840.00.
1-11-02 2-5-02	A4206	\$25.00	\$0.00	F, G	DOP	Surgery GR (I)(E)(4)(c)(d) (I)(E)(7) General Instructions GR (IV) and (VI)	Syringe with needle (1 cc) - These are part of sterile tray and are reimbursable. 3 X \$41.58 = \$124.74.
1-11-02 3-5-02	A4556	\$25.00	\$0.00	F, G	DOP		Electrodes – These are not part of sterile tray. Requestor did not support that electrodes were above the usual and customary used. Therefore, no reimbursement is recommended.
1-11-02 3-5-02	A4244	\$15.00	\$0.00	F, G	DOP		Alcohol/Peroxide - These are part of sterile tray and are reimbursable. 2 X \$15.00 = \$30.00.
1-11-02 3-5-02	A4247	\$30.00	\$0.00	F, G	DOP		Betodine Swabs - These are part of sterile tray and are reimbursable. 2 X \$30.00 = \$60.00.
1-11-02 3-5-02	A4200	\$25.00	\$0.00	F, G	DOP		Non-Sterile Gauze - These are part of sterile tray and are reimbursable. 2 X \$25.00 = \$50.00.
1-11-02	J9999	\$13.48	\$0.00	F, G	DOP		Marcaine HCL – not checked off on report; therefore, no reimbursement is recommended.
1-11-02	J3301	\$36.80	\$0.00	F, G	DOP		Kenalog – not checked off on report; therefore, no reimbursement is recommended.
1-11-02	J2000	\$22.78	\$0.00	F, G	DOP		Xylocaine 1% - Per Surgery GR the material is reimbursable; therefore, reimbursement of \$22.78 is recommended.
1-11-02 3-5-02 3-5-02	A4215	\$50.00	\$0.00	F, G	DOP		Needle - These are part of sterile tray and are reimbursable. 3 X \$50.00 = \$150.00.

1-11-02	99499RR	\$250.00	\$0.00	F, G	DOP	Surgery GR (I) (A)(1)(a) and (C)	Recovery Room monitoring – Per surgery ground rule all post-operative care that normally follows the specific surgical procedure is global. The Recovery room report indicates that claimant went in to the recovery room at 10:05 and was out at 10:15. The record does not support that this was unusual post-operative care; therefore, it is global. No reimbursement is recommended.
TOTAL							The requestor is entitled to reimbursement of \$1627.76.

This Decision is hereby issued this 2nd day of October 2003.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division

ORDER.

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for 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 Decision is applicable for dates of service 1-11-02 through 3-5-02 in this dispute.

This Order is hereby issued this 2nd day of October 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

December 11, 2003

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-03-0995-01

___ 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. This physician is board certified in physical medicine and rehabilitation. 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 45 year-old male who sustained a work related injury on ___. The patient reported that while at work he injured his low back stacking road cases into a warehouse. The patient reported that he grabbed a case and it pulled him down to the ground. The patient was evaluated. The patient had X-Rays and was diagnosed as having a lumbar strain and prescribed pain medications. An MRI showed L4-L5 herniated disc. The patient was treated with trigger injections, lumbar epidural steroid injections and nerve blocks. The patient then went to work hardening for 8 weeks. The patient reported no improvement. The patient was then referred to a surgeon who performed a L4-L5 fusion with cages on 8/18/99. The patient again participated in work hardening and physical therapy. The patient then had a discogram CT scan that was normal. The patient was then referred for epidural steroid injections and trigger point injections. The diagnoses for this patient included status post L4-L5 and L5-S1 fusion and cages secondary to L5-S1 disc protrusions and severe muscular dystonic pain at the lumbar musculature.

Requested Services

Computer Data Analysis on 1/11/02, 2/5/02, and 3/5/02.

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 the patient had continuing pain in the low back after fusion on 8/18/99. The ___ physician reviewer explained that the patient participated in physical therapy and work hardening up to 8/01. The ___ physician reviewer also noted that the pain continued after physical therapy and work hardening sessions were done. The ___ physician reviewer explained that the patient was referred for pain management and lumbar epidural steroid injections were recommended. The ___ physician reviewer noted that the patient reported some relief after the first injection, better with the second, and therefore had the third

injections. The ___ physician reviewer explained that the documents provided failed to show medical necessity for the computer data analysis because these services are not usually an integral part of epidural injections. Therefore, the ___ physician consultant concluded that the computer data analysis were not medically necessary to treat this patient's condition.

Sincerely,

—