

MDR: Tracking Number M5-03-1055-01

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 (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent.

The 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 office visits were not medically necessary.

Based on review of the disputed issues within the request, the Division has determined that the office visit fees were the only fees involved in the medical dispute to be resolved. As the treatment was not found to be medically necessary, reimbursement for dates of service from 10/5/02 to 12/6/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 25th day of July 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

July 23, 2003

Re: Medical Dispute Resolution
MDR #: M5-03-1055-01
IRO Certificate No.: IRO 5055

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is Certified in Neurology.

Clinical History:

This 52-year-old man suffered head trauma in a work-related fall on____. He has subsequently complained of chronic headaches, memory and cognitive problems, and right hand weakness and un-coordination. At the time of the most recent evaluation the patient was more than seven years out from his original injury. He was being treated with Vicodin, Celebrex, Stadol nasal spray, and Valium as needed. He did not appear to be on any headache prophylactic medication, and his complaint of hand weakness did not appear to be addressed.

Disputed Services:

Office visits on 10/15/02, 11/15/02 and 12/06/02.

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that the office visits in question were not medically necessary in this case.

Rationale:

There was not need for monthly treatment of this longstanding chronic disorder. There had been no appreciable change in the patient's symptoms, and there was not change in the therapy given this patient on the basis of these frequent visits. The evaluations and treatment rendered was not medically necessary.

I am the Secretary and General Counsel of ____and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Sincerely,