MDR Tracking Number: M5-03-1115-01

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 10-7-02.

The IRO reviewed surgical tray and nerve diagnostic studies rendered from 11-9-01 through 5-6-02 that were denied based upon "U".

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. 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 not the only issue** to be resolved.

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

On May 29, 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:

DOS	**CPT CODE**	**Billed**	**Paid**	**EOB Denial Code**	**MAR$ (Maximum Allowable Reimbursement)**	**Reference**	**Rationale**
11-9-01	95935(x2)	$53.00 X2 = $106.00	$0.00	F	$53.00 each extremity	Medicine GR (IV)(B)	The requestor did not submit medical records to support service billed per MFG; therefore, reimbursement is recommended.
11-9-01	95904 (x2)	$64.00 X 2 = $108.00	$0.00	F	$64.00 / nerve	Medicine GR (IV)(D)	
12-20-01	A4550	$300.00	$0.00	D	DOP	General Instructions GR (III) (IV)	
TOTAL							The requestor is not entitled to reimbursement.

This Decision is hereby issued this 8th day of October 2003.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division

Enclosure: IRO Decision

March 11, 2003

NOTICE OF INDEPENDENT REVIEW DECISION
Addendum to Determination

RE: MDR Tracking #: M5-03-0391-01
New MDR Tracking #: M5-03-1115-01
TWCC #:
Injured Employee:
Requestor:
Respondent:
------ Case #:

------ 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 ------'s external review panel who is board certified in anesthesiology and a physician who is board certified in neurology. Both of The ------ physician reviewers 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, ------'s physician reviewers certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 50 year-old male who sustained a work related injury to his neck and low back on ------. The patient underwent an MRI of the cervical spine showing C5-C6 HNP, and

another MRI of the lumbar spine showing bulging disc at L3-L4 and L4-L5 and subligamentous disc HNP at L5-S1. The patient has been treated with pain medications and physical therapy. Patient has also undergone epidural injections times 2.

Requested Services

Surgical Tray and Nerve Diagnostic Studies rendered on 11/9/01 through 5/16/02.

Decision

The Carrier's denial of coverage for these services is upheld.

Rationale/Basis for Decision

The ------ neurologist physician reviewer noted that the patient had sustained a work related injury on ------. The ------ neurologist physician reviewer also noted that the patient underwent neuro junction tests. The ------ neurologist physician reviewer explained that the neuromuscular junction testing is useful in myasthenic conditions. The ------ neurologist physician reviewer also explained that the neuromuscular junction testing is not medically necessary for this patient's condition. The ------ neurologist physician reviewer further explained that there is no history of exam to suggest neuromuscular junction dysfunction. Therefore, the ------ neurologist physician consultant concluded that the neuromuscular junction testing from 11/9/01 through 5/16/02 was not medically necessary to treat this patient's condition.

The ------ physician reviewer specializing in anesthesiology has reviewed all medical records relative to this case and has determined that the documentation does not support the presence of a separate anesthetist indicating the need to bill for MAC (Monitored Anesthesia Care). This MAIXIMUS physician reviewer explained that the billing code for the procedure on 5/16/02 refers to regional I.V. administration of a local anesthetic or other medication to upper or lower extremity. This ------ physician reviewer further explained that the patient was given mild sedation (Versed and Fentanyl), which is not regional anesthesia. Therefore, this ------ physician consultant has concluded that the surgical trays from 11/9/01 through 5/16/02 were not medically necessary to treat this patient's condition.

Sincerely,

State Appeals Department