

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 \$460.00** 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's of the neck and lumbar spine were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for MRI's of the neck and lumbar spine charges.

This Finding and Decision is hereby issued this 8th day of May 2003.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division

MQO/mqo

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 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 Order is applicable to date of service 8/30/02.

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 8th day May 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/rl

March 5, 2003

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-03-1158-01

___ 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 chiropractor on the ___ external review panel. The ___ chiropractor reviewer signed a statement certifying that no known conflicts of interest exist between this chiropractor 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 ___ chiropractor reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 30 year-old male who sustained a work related injury on ___. The patient reported that while at work he was in a motor vehicle accident. The patient reported that he was in his vehicle at a stop sign when he was struck from behind by another vehicle, causing the patient to strike his face against the windshield of his vehicle and his chest struck the steering wheel. The patient was taken to an emergency department where X-Rays were taken and he was prescribed medication then released. The patient continued to complain of headache, neck pain, and back pain. The patient underwent an MRI of the neck and lumbar spine on 8/30/02. The MRI showed subacute Luschka joint arthritic change on the right side at C5-C6 indicative of degenerative change, minimal uncovertable joint hypertrophy to the left of midline at C6-C7 minimally narrowing the outer zone of the neural exit foramen adjacently, 1 mm bulge of the annulus at L5-S1 not impinging upon neural structures, lumbar hypolordosis indicative of myofascial spasm, facet arthrosis of the mid to lower lumbar spine indicative of degenerative change.

Requested Services

MRI's of the neck and lumbar spine on 8/30/02.

Decision

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

Rationale/Basis for Decision

The ___ chiropractor reviewer noted that the patient sustained a work related injury to his neck and back on ___. The ___ chiropractor reviewer also noted that the patient was evaluated in an emergency department on 8/15/02 and that X-Rays were taken. The ___ chiropractor reviewer further noted that the patient had a follow up MRI on 8/30/02. The ___ chiropractor reviewer explained that after a review of the medical records provided, the MRI of the neck and lumbar spine were medically necessary. Therefore, the ___ chiropractor consultant concluded that the MRI of the neck and lumbar spine on 8/30/02 were medically necessary to treat this patient's condition.

Sincerely,

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