

MDR Tracking Number: M5-03-1240-01

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 x-ray consultation was not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Division has determined that medical necessity 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 date of service 7-28-02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 9th day of May 2003.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

DZT/dzt

May 1, 2003

Re: Medical Dispute Resolution
MDR #: M5-03-1240-01
IRO Certificate No.: 5055

Dear

___ 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 Chiropractic Medicine.

Clinical History:

This female patient sustained work-related injuries of her mid/lower back on _____. X-rays were taken of the thoracic and lumbar spine and were read in the physician's office and then referred out for a second opinion from a Radiologist.

Disputed Services:

X-ray consultation on 07/28/02.

Decision:

The reviewer agrees with the determination of the insurance carrier. The reviewer is of the opinion that the X-ray consultation in question was not medically necessary in this case.

Rationale for Decision:

Although having an x-ray over-read by a Radiologist is a frequent practice in the medical field, no questionable findings were evident in this patient's x-ray reports of the thoracic spine or the lumbar spine. There were no possible pathologies or possible fractures in which a second opinion by a Radiologist would be needed.

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,