

MDR Tracking Number: M5-03-1253-01

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 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, the total amount recommended for reimbursement does not represent a majority of the medical fees of the disputed healthcare and therefore, the **requestor did not prevail** in the IRO decision. 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 the only issue** to be resolved. The Anesthetic Injection Agent PARAVERTEB (64442), and Injection Anesthetic Agent Facet Jt (64443 x 3), Fluoro Localiz Needle BX/FI (one code 76003-26) on 1/15/02 and 2/14/02; Fluoro Localiz Needle BX/FI (one code 76003-26), DESTRCT, PARAVERTEB (once on 4/25/02) and Destrct, Facet Jt Nerv Lumb (64623 x 3 on 4/25/02) were found to be medically necessary. The remaining CPT codes 27299RT, 20600x4, 72200, 20550x4 rendered on 1/15/02, CPT codes 20600x4, 27299LT rendered on 2/14/02 and additional 64623 and 95937x6 rendered on 4/25/02 were not found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these Anesthetic Injection Agent PARAVERTEB (64442), and Injection Anesthetic Agent Facet Jt (64443 x 3), Fluoro Localiz Needle BX/FI (one code 76003-26) on 1/15/02 and 2/14/02; Fluoro Localiz Needle BX/FI (one code 76003-26), DESTRCT, PARAVERTEB (once on 4/25/02) and Destrct, Facet Jt Nerv Lumb (64623 x 3 on 4/25/02) charges.

This Finding and Decision is hereby issued this 30th day of May 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

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 dates of service 1/15/02 through 4/25/02 in this dispute.

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 30th day of May 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/cl

IRO Certificate #4599

Corrected NOTICE OF INDEPENDENT REVIEW DECISION

May 29, 2003

Re: IRO Case # M5-03-1253-01

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board certified in Anesthesiology and Pain Managment. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient is a 39-year-old female with neck, low back, left knee, and right elbow pain since an injury on _____. Extensive diagnostic and therapeutic measures have been performed. This dispute regards treatment for the patient's low back pain. Physical examination of the patient is suggestive of facet arthropathy, but there is evidence of symptom exaggeration.

Requested Service

Anesthetics, unlisted procedure, anthrocentesis, injections, fluoroscopic exam, destruction by neurolytic agent, neuromuscular junction testing 1/15/02-4/25/02

Decision

I agree with the carrier's decision to deny the requested treatment, except for the codes 64442 and 64443 X 3 and one code 76003-26 on 1/15/02 and 2/14/02; codes 76003 and 64422 once on 4/25/02; and code 64623 X 3.

I disagree with the decision to deny codes 64442 (Inj Anes Agent, Paravert) and 64443 X 3 (Inj Anes Agent Facet Jt) and one code 76003-26 (Fluoro Localiz Needle BX/FI on 1/15/02 and 2/14/02; codes 76003 and 64422 once on 4/25/02; and code 64623 X 3 (Destruct; Facet Jt Nerv Lumb)..

Rationale

There is evidence on physical examination to support the diagnosis of facet syndrome. Therefore, treatment directed at the facet is reasonable and necessary. Since the patient had exaggerated symptoms and diffuse tenderness on physical examination, it was not appropriate to perform TPIs and SIJT injections. Performing multiple injections invalidates the diagnostic value of the facet injections.

Since relief occurred from facet injections, the RF neurolytic procedure was reasonable and necessary on 4/25/02, (codes 76003 once and 64422 once), as was code 64623 x3.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

Sincerely,
