

MDR: Tracking Number M5-03-1323-01

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 requestor submitted a medical dispute resolution request on 1/28/03 and was received in the Medical Dispute Resolution on 1/28/03. The disputed dates of service 8/17/01 through 11/12/01 are not within the one year jurisdiction in accordance with Rule 133.308(e)(1) and will be excluded from this Finding and Decision.

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 prescription medication (Lorazepam) was not medically necessary.

Based on review of the disputed issues within the request, the Division has determined that the prescription medication 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 3/11/02 to 11/7/02 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

NOTICE OF INDEPENDENT REVIEW DECISION

July 23, 2003

Rosalinda Lopez
Program Administrator
Medical Review Division
Texas Workers Compensation Commission
4000 South IH-35, MS 48
Austin, TX 78704-7491

RE: MDR Tracking #: M5-03-1323-01
IRO Certificate #: IRO4326

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a ___ physician reviewer who is board certified in pain management and anesthesiology which is the same specialty as the treating physician. The ___ physician reviewer has signed a certification statement stating 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 the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This patient sustained multiple injuries to the shoulders and all levels of the spine from an on-the-job accident on ___. He has been under the care of a chiropractor and a pain management specialist.

Requested Service(s)

Prescribed medication, lorazepam (Ativan),

Decision

It is determined that the prescribed medication, lorazepam (Ativan), from 03/11/02 through 11/07/02 was not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

Although Ativan may be necessary to treat intermittent anxiety, the anxiety condition is not work related. Furthermore, Ativan use for chronic anxiety is controversial. Most physicians would prefer an anti-depressant to treat anxiety before starting benzodiazepines. Therefore, it is determined that the prescribed medication, lorazepam (Ativan), was not medically necessary.

Sincerely,