

**THIS MDR TRACKING NO. WAS WITHDRAWN.
THE AMENDED MDR TRACKING NO. IS: M5-03-3299-01**

MDR Tracking Number: M5-03-1419-01

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 durable medical supplies and electrocardiogram were 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 durable medical supplies and electrocardiogram 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 2/11/02 is denied and the Division declines to issue an Order in this dispute.

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

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

July 3, 2003

**NOTICE OF INDEPENDENT REVIEW DECISION
Corrected Letter**

RE: MDR Tracking #: M5-03-1419-01

___ 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 physician on the ___ external review panel. This physician is a board certified neurosurgeon. The ___ physician reviewer 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, the ___ physician reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 44-year-old male who sustained a work related injury on ____. The patient reported that while at work he exiting an attic and fell about eight feet, landing on his tailbone. The patient underwent an X-Ray that showed postural alterations but reported to be negative for fracture. The patient also underwent an MRI on 8/11/98. The patient was initially treated with physical therapy and chiropractic adjustments. The patient underwent EMG, physical capacity testing, and video fluoroscopy of the cervical and lumbar spine on 12/17/01. The patient has undergone facet injection and a series of epidural steroid injections.

Requested Services

Durable medical supplies, electrocardiogram on 2/11/02.

Decision

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

Rationale/Basis for Decision

The ___ physician reviewer noted that this case concerns a 44 year-old male who sustained a work related injury to his back on ____. The ___ physician reviewer also noted that the patient underwent an X-Ray that showed postural alterations but was reported to be negative for fracture. The ___ physician reviewer further noted that the treatment for this patient's condition has included facet injection and a series of epidural steroid injections. The ___ physician reviewer indicated that the patient underwent a lumbar discography on 2/11/02. The ___ physician reviewer explained that medical indications for this procedure were not clear from the records included in the case file. Therefore, the ___ physician consultant concluded that the durable medical supplies and electrocardiogram provided during this procedure on 2/11/02 were not medically necessary to treat this patient's condition.

Sincerely,