

MDR Tracking Number: M5-03-1462-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General 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 dispute was received on 4-30-02.

The Medical Review 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 prescriptions 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 Medical Review Division has determined that fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for dates of service from 5-1-01 to 9-11-01 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 13th day of November 2003.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

DZT/dzt

October 31, 2003

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-03-1462-01

___ 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. The reviewer has met the requirements for the ADL of TWCC or has been approved as an exception to the ADL requirement. This physician is board certified in neurosurgery. 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 38 year-old male who sustained a work related injury on ____. The patient reported that while at work he was tightening two-inch screws when he injured his lower back. The patient has undergone an MRI, X-Rays and discogram on 6/1/01. The patient has also undergone an anterior lumbar interbody fusion using a ray cage on 10/15/01.

Requested Services

Prescriptions on 5/1/01 through 10/8//01.

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 38 year-old male who sustained a work related injury to his low back on ____. The ___ physician reviewer also noted that the patient has undergone an MRI, X-Rays and a discogram. The ___ physician reviewer further noted that the patient has undergone an anterior lumbar interbody fusion using a ray cage on 10/15/01 and has been treated with oral pain medications. The ___ physician reviewer indicted that the documentation provided did not contain documented indications for substantial and continuing pain medication prescriptions. The ___ physician reviewer explained that the documentation provided did not demonstrate evidence of ongoing medical care except for prescription recording. Therefore, the ___ physician consultant concluded that the prescriptions on 5/1/01 through 10/08/01 were not medically necessary to treat this patient's condition.

Sincerely,

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