

MDR Tracking Number: M5-03-1504-01

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 iliac crest graft 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 the iliac crest graft 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 5/16/01 to 5/20/01 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 3rd day of June 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division
CRL/crl

May 28, 2003

IRO Case # M5-03-1504

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 Neurological Surgery. 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 54-year-old female who was injured on ___ by repeated lifting of heavy reels of wire. On 5/5/01 an anterior and posterior cervical fusion and decompressive laminectomy with instrumentation. Cardiac problems developed, which led to the patient being hospitalized on ___. Because of swallowing difficulty the patient saw her surgeon after her discharge from the hospital and it was discovered that the anterior plate had dislodged to the point that it was causing swallowing problems. He admitted the patient and after cardiac evaluation to determine her stability, the patient underwent a 5/18/01 operation for removal of the anterior plate and screws. The operative report did not record anything done other than the removal of the plate and screws. He patient was discharged 5/20/01 and subsequently has had other difficulties.

Requested Service

Medical Services 5/16/01-5/20/01

Decision

I agree with the carrier's decision to deny the requested services related to an iliac crest graft (undocumented implant).

Rationale

There is nothing in the 5/18/01 operative report that would indicate that an iliac crest graft was obtained and applied.

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

Sincerely,