

**THIS DECISION HAS BEEN APPEALED. THE FOLLOWING  
IS THE RELATED SOAH DECISION NUMBER:  
SOAH DOCKET NO. 453-04-0017.M5**

MDR Tracking Number: M5-03-1514-01

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 that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(q)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$650.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

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 lumbar spine MRI w/o contrast material was found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the spine MRI w/o contrast material charges.

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 date of service 7/11/02 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 17<sup>th</sup> day of July 2003.

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

July 14, 2003

Re: Medical Dispute Resolution  
MDR #: M5-03-1514-01  
IRO Certificate No.: IRO 5055

\_\_\_ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, \_\_\_ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is Certified in Chiropractic Medicine.

**Clinical History:**

This female claimant injured her lower back while on her job on \_\_\_\_. A Chiropractic treatment program was begun.

**Disputed Services:**

MRI of the lumbar spine without contrast.

**Decision:**

The reviewer disagrees with the determination of the insurance carrier. The reviewer is of the opinion that the MRI was medically necessary in this case.

**Rationale:**

The records clearly indicate positive orthopedic findings, as well as lower extremity muscle weakness, and lower extremity sensation deficits. Lumbar MRI allowed more adequate diagnosis and evaluation of her condition, thereby allowing the physician to appropriately treat the patient's injuries, and request additional appropriate diagnostic testing.

National treatment guidelines usually indicate the necessity for an MRI one month post-injury, if the patient does not respond appropriately to care. However, due to the traumatic nature of this patient's injury, subjective symptoms, positive orthopedic findings, decreased range of motion, muscle weakness, and sensation deficits, the reviewer feels the lumbar MRI on 07/11/02 was medically necessary.

I am the Secretary and General Counsel of \_\_\_ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Sincerely,