

MDR Tracking Number: M5-03-1572-01

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. This dispute was received on 2-21-03.

The IRO reviewed injection of anesthetic agent rendered from 7-3-02 through 10-31-02 that were denied based upon "V".

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(r)(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.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On May 2, 2003, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

The requestor did not submit medical records in accordance with Rule 133.307(g)(3)(B) to support fee dispute; therefore, no reimbursement is recommended for dates of service 4-8-02 to 5-28-02.

This Decision is hereby issued this 5th day of December 2003.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division

ORDER.

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for 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 Decision is applicable for dates of service 4-8-02 through 10-31-02 in this dispute.

This Order is hereby issued this 5th day of December 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

April 14, 2003

David Martinez
TWCC Medical Dispute Resolution
4000 IH 35 South, MS 48
Austin, TX 78704

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IRO #: 5251

___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to ___ for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Medical Doctor board certified and specialized in Physical Medicine and Rehabilitation. The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors 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 the dispute.

CLINICAL HISTORY

___ is a worker who suffered chronic back pain after an injury in ___. The injury occurred at work, she works as a bus driver. The injury also involved her neck. MRIs identified multi-level involvement of both the cervical and lumbar spine. A myelogram did not show compression of the thecal sac for spinal stenosis, but she did have facet arthrosis in L3/4 and L4/5. ___ had physical therapy and chiropractic adjustments. The surgeon did not feel that she was a candidate for surgery. She was referred to ___ for evaluation for consideration of injections, and he felt she was a candidate for prolotherapy and gave her a series of injections to both the lumbar and cervical spine. She had a good response and was able to participate in a work hardening program, she felt well enough to participate in a work conditioning and hardening program. Prior to the therapy, she was having too much pain to adequately participate. ___ has provided complete documentation of treatments and medical literature and reasoning involved in the use of

prolotherapy; the insurance carrier had a statement by ___ and ___ that in their opinions, without referencing literature, there was no indication for providing prolotherapy.

DISPUTED SERVICES

In dispute is the prolotherapy provided to this patient from 7/3/02 through 10/31/02.

DECISION

The reviewer disagrees with the prior adverse determination.

BASIS FOR THE DECISION

___ provides a preponderance of evidence and peer review literature supporting the use of prolotherapy for patients who have sustained injuries resulting in chronic neck and back pain. The reviewer is familiar with the basis of this therapy and aware that it is not always beneficial to every patient. However, in this case, the decision of the medical necessity of prolotherapy was in the favor of the use of prolotherapy to assist the patient in recovering from her injury. In the case of ___, she did show the benefit of the prolotherapy, and the therapy was provided on the basis of her clinical response in an appropriate fashion. The carrier doctors who have felt that this treatment was not medically necessary did not provide medical literature in support of their opinion.

___ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. ___ has made no determinations regarding benefits available under the injured employee's policy

As an officer of ___, I certify that there is no known conflict between the reviewer, ___ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

___ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,