

MDR Tracking Number: M5-03-1688-01

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, the total amount recommended for reimbursement does not represent a majority of the medical fees of the disputed healthcare and therefore, the **requestor did not prevail** in the IRO decision. Consequently, the requestor is not owed a refund of the paid IRO fee.

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 semi-private room and board, pharmacy, generic and non-generic drugs, medical/surgical supplies, sterile central supplies, general radiology, OR services, anesthesia services, physical therapy, pulmonary function tests, MRI and recovery room services from 10/16/01 through 10/21/01 were found to be medically necessary. Dates of service rendered from 10/22/01 through 10/31/01 were not found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these semi-private room and board, pharmacy, generic and non-generic drugs, medical/surgical supplies, sterile central supplies, general radiology, OR services, anesthesia services, physical therapy, pulmonary function tests, MRI and recovery room services from 10/16/01 through 10/21/01 charges.

This Finding and Decision is hereby issued this 6th day of August 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

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 dates of service 10/16/01 through 10/31/01 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 6th day of August 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/cl

NOTICE OF INDEPENDENT REVIEW DECISION

July 7, 2003

Rosalinda Lopez
Program Administrator
Medical Review Division
Texas Workers Compensation Commission
4000 South IH-35, MS 48
Austin, TX 78704-7491

RE: MDR Tracking #: M5-03-1688-01
IRO Certificate #: IRO 4326

The ___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a ___ physician reviewer who is board certified in orthopedic surgery which is the same specialty as the treating physician. The ___ physician reviewer has signed a certification statement stating 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 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 this case.

Clinical History

This patient sustained on the job injuries to his lower back and left knee and ankle on ____. He subsequently underwent numerous treatments and surgeries including left knee and left ankle arthroscopies (including post-operative cellulitis), herniated lumbar disc and laminectomy (1999), facet blocks, lumbar epidural steroid injections, and physical therapy. He continued to have problems with pain in both his back and left knee. The patient was admitted to the hospital on 10/16/01 with intractable low back pain for pain management, lumbar MRI, and lumbar facet joint injections.

Requested Service(s)

Semi-private room and board, pharmacy, generic and non-generic drugs, medical/surgical supplies, sterile central supplies, general radiology, OR services, anesthesia services, physical therapy, pulmonary function tests, MRI, and recovery room services from 10/16/01 through 10/31/01

Decision

It is determined that the semi-private room and board, pharmacy, generic and non-generic drugs, medical/surgical supplies, sterile central supplies, general radiology, OR services, anesthesia services, physical therapy, pulmonary function tests, MRI, and recovery room services from 10/16/01 through 10/21/01 were medically necessary to treat this patient's condition. However, the dates of 10/22/01 through 10/31/01 were not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The MRI report of 10/19/01 revealed multilevel disc abnormalities at L1-2 through L4-5 with posterior bulging. There was mild to moderate spinal cord stenosis at L1-2 through L4-5. There was no evidence of herniated nucleus pulposus (HNP) or a spinal cord lesion. The patient also had undergone a myelogram on 09/18/01 which revealed at L1-2 a sizeable large diffuse posterior herniated disc, a diffuse posterior protruded disc at L3-4 and evidence of hemilaminectomies at L4-5. This is in vast disagreement with the MRI that was performed only one month later which shows disc desiccation of the disc at L1-2 with a 2-3 mm wide base posterior bulge. This obviously is not a sizeable large posterior herniated and extruded disc as reported by the physician. In addition, at L2-3 there is desiccation of the disc of a 2-3 mm wide base which again is in disagreement with the physician's findings.

There are many conflicting notes in the medical record. The ER record notes that the patient had no previous surgeries, no bowel or bladder problems, no sensory motor loss, and had no radiation of pain to the legs. However, the physician documented the patient had all of these things in the admitting H & P. In addition, there is discrepancy in documentation regarding foot drop symptoms. All the notes state its presence in the left foot but it varies in the right.

The patient presents with intractable back pain but there are no notes documented from a pain management specialist except for the bilateral lumbar facet injections performed on 10/23/01. If the patient's pain was managed and treated expeditiously, the course of hospitalization wouldn't have been so prolonged. Therefore, it is determined that the semi-private room and board, pharmacy, generic and non-generic drugs, medical/surgical supplies, sterile central supplies, general radiology, OR services, anesthesia services, physical therapy, pulmonary function tests, MRI, and recovery room services from 10/16/01 through 10/21/01 were medically necessary. However, the dates of 10/22/01 through 10/31/01 were not medically necessary.

Sincerely,