

MDR: Tracking Number M5-03-1806-01

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 3-24-03.

The IRO reviewed spinal surgery rendered on 9-12-02 that were denied based upon "U".

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. 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 not the only issue** to be resolved.

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

On July 15, 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.

On 9-3-02, RSKCo gave preauthorization approval for 63047, 22630 and 22842. The insurance carrier denied reimbursement for 22842 based upon "U". Per Rule 133.301(a) the insurance carrier shall not raise medical necessity on preauthorized treatment. Per Surgery GR (I)(E)(1) 22842 should be listed as a secondary procedure, without further reduction of MAR; therefore, the provider is entitled to reimbursement of \$3400.00.

This Decision is hereby issued this 31<sup>st</sup> 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 date of service 9-12-02 in this dispute.

This Order is hereby issued this 31<sup>st</sup> day of December 2003.

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division

**IRO Certificate #4599**

**NOTICE OF INDEPENDENT REVIEW DECISION**

July 3, 2003

**Re: IRO Case # M5-03-1806-01**

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 62-year-old male who was injured on \_\_\_ and developed back pain. In 1997 an L4-S1 spinal fusion was performed. His pain continued and another operation was performed in 1999. The patient's trouble persisted, and another procedure was performed on 7/10/00. The patient continued to have difficulties with diminished sensation of the lower extremities and markedly positive straight leg raising. This coupled with additional diagnostic procedures which were positive in various areas of the lumbar spine led to a 9/12/02 operative procedure of the lumbar spine. The operative procedure performed was more extensive than what had been preauthorized.

Requested Service(s)

Laminectomy/single lumbar, exploration of spinal fusion, arthrodesis, laminectomy facet ect. Adj. Tiss, Transfer muscle myo/fasciocutaneous, arthrodesis/post/p-lat, removal of posterior seg, electrical stim aid bone.

Decision

I disagree with the carrier's decision to deny the requested treatment

Rationale

Fairly minor changes in coding can occur depending on the circumstances at the time of the procedure. Additional things may become necessary that were not anticipated before the procedure began. The operative report indicates that that happened in this instance. An example of this was the large cyst that had formed around the battery, which had to be removed and closed. Also, it appears from the operative report that various other things were found during the operative procedure causing the extension of the procedure beyond what had been anticipated to be necessary.

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

Sincerely,