

MDR Tracking Number: M5-03-1829-01

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, 133.307 titled Medical Dispute Resolution of a Medical Fee Dispute, 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 dispute was received on 3-17-03.

The IRO reviewed prescription medications on 8-28-02 and 9-25-02 through 12-5-02 that were denied as not medically necessary.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. 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 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. The requestor submitted a withdrawal letter for disputed date of service 9-3-02; therefore, no fee issues remain.

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 8-28-02 and 9-25-02 through 12-5-02 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 29th of January 2004.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

DZT/dzt

July 15, 2003

Rosalinda Lopez
Texas Workers' Compensation Commission
Medical Dispute Resolution
Fax: (512) 804-4868

Re: MDR #: M5-03-1829-01
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 Board Certified in Pain Medicine.

Clinical History:

This 50-year-old, male claimant sustained injury to his low back in a work-related incident on ____. Documentation indicates clinical evidence consistent with L5-S1 radiculopathy and neuropathic pain. The patient has undergone multi-level decompression with insertion of cages at L4-5 and L5-S1. He has undergone intradiscal electrothermal therapy (IDET) on 07/24/02. He reported being pain free for four days with 80% resolution at two weeks.

Since that time, the patient has continued to complain of burning left thigh pain, pain over his left sacroiliac joint and left trochanteric bursa. He has demonstrated physical findings of positive left flexion, abduction, external rotation of the left hip with pain, left foot-drop, as well as findings consistent with left L5-S1 radiculopathy.

The patient has received Oxydose 20 mg b.i.d. and OxyContin 1 cc q. 4-5 hours for breakthrough pain relief. Currently, the patient is pending dorsal column stimulator placement.

Disputed Services:

Medications Oxydose and OxyContin.

Decision:

The reviewer disagrees with the determination of the insurance carrier. The reviewer is of the opinion that the medications in question were medically necessary in this case.

Rationale:

This is an appropriate dosage of narcotic medication for pain in an individual prior to IDET, and prior to dorsal column stimulator. This opinion is determined utilizing clinical basis and standard medical practice.

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,