

MDR: Tracking Number M5-03-1837-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June, 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. This dispute was received on 4-24-03.

The IRO reviewed injections, supplies, and drugs rendered from 6-3-02 through 10-9-02 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. 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.

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 29, 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 following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
6-25-02 8-1-02	01999 J3490 99070 99070 A4649 A4649 A4649 A4245 A4454 99070 A4209 A4550 A4645 99070 J3010 J2000 J0475 A4454 J1040	0.00	F, TK	DOP	96 MFG Anesthesia GR and CPT descriptor	Carrier denied as "F, TK – Rule 133.1 requires the submission of legible supporting documentation, therefore, reimbursement is denied." A legible operative report was submitted that supported services rendered for both dates of service. Recommend reimbursement as billed. 6-25-02 - \$580.00 8-1-02 - \$477.00 Total reimbursement recommended of \$1057.00
						The requestor is entitled to reimbursement of \$1057.00.

The above Decision is hereby issued this 12th of January 2004.

Dee Z. Torres
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 6-25-02 through 8-1-02 in this dispute.

This Order is hereby issued this 12th day of January 2004.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

July 23, 2003

Re: Medical Dispute Resolution
MDR #: M5-03-1837-01
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 Physical Medicine & Rehabilitation/Interventional Pain Medicine.

Clinical History:

This male claimant suffered a back injury in a work-related accident on _____. Four months following the injury epidural steroid injections were initiated.

Disputed Services:

Medical services rendered from 07/12/02 through 08/01/02, consisting of epidural steroid injections and supplies and drugs.

Decision:

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that the medical services rendered were medically necessary in this case.

Rationale:

Epidural steroid injections are an appropriate intervention for radiculopathic presentations. These injections were medically necessary and were, apparently, performed appropriately.

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,