

MDR Tracking Number: M5-03-1877-01

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, 2003** 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 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 \$460.00** 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 the only issue** to be resolved. The treatment/services rendered 10-14-02 were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these charges.

The above Findings and Decision are hereby issued this 3rd day of July 2003.

Dee Z. Torres
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 date of service 10-14-02 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 3rd day of July 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/dzt

July 2, 2003

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___ 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 Chiropractic Medicine.

Clinical History:

This female claimant was involved in a work-related accident on _____. She was transported by ambulance to an emergency room where she was treated and released. She followed up and was seen by a Chiropractor who performed a thorough examination, evaluation, and recommended a treatment program.

Due to the ongoing problems and the apparent lack of progress, MRI of the cervical and lumbar spine was performed on 10/14/02.

Disputed Services:

Diagnostic studies on 10/14/02.

Decision:

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

Rationale for Decision:

Nationally recognized standards and guidelines usually indicate MRI is appropriate after one to three months from the date of injury. However, in this case, based on the clinical presentation of this patient, her subjective symptoms, and the traumatic nature of her injury, it was felt necessary to have MRI of the cervical and lumbar spine prior to the one-month period.

On each date of service, appropriate documentation is present. These include subjective symptoms, objective findings, assessment, and plan. Given the documentation, it was reasonable and medically necessary for this patient to undergo a cervical and lumbar MRI on 10/14/02. The results of the MRI assisted the treating doctor in formulating the appropriate treatment plan due to the presence of a disc bulge in the cervical spine, and disc bulges and broad-based disc protrusions present in the lumbar spine.

I am the Secretary and General Counsel ___ 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,