# THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION:

#### **SOAH DOCKET NO. 453-04-0047.M5**

### MDR Tracking Number: M5-03-1882-01

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 <u>Medical Dispute Resolution by Independent Review</u> <u>Organizations</u>, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the medication, Tizanidine, was not medically necessary.

Based on review of the disputed issues within the request, the Division has determined that the medication (Tizanidine) fees were the only fees involved in the medical dispute to be resolved. As the treatment was not found to be medically necessary, reimbursement for date of service 9/10/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this  $17^{\text{th}}$  day of July 2003.

Carol R. Lawrence Medical Dispute Resolution Officer Medical Review Division

CRL/crl

July 14, 2003

David Martinez TWCC Medical Dispute Resolution 4000 IH 35 South, MS 48 Austin, TX 78704

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| IRO #:          | 5251          |

has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to for independent review in accordance with TWCC Rule 133.308 which allows for

medical dispute resolution by an IRO.

has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Doctor of Osteopathy with a specialty in Pain Management and board certification in Anesthesiology. The \_\_\_\_\_ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors 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 the dispute.

#### CLINICAL HISTORY

\_\_\_\_\_ reported the onset of gradually escalating right lumbosacral pain after a day of mopping. Her date of injury was reportedly \_\_\_\_\_. Her initial medical evaluation was followed by a course of conservative therapy including two epidural steroid injections. Symptoms continued and she underwent pre-surgical evaluation by \_\_\_\_\_ who suggested lumbar discography. That was accomplished, apparently indicating discogenic etiology. For ongoing pain, \_\_\_\_\_ went on to perform an L5/S1 fusion on 1/2/01. \_\_\_\_\_ pain complaints remain and in fact do appear to be more substantial than her pre-surgical levels.

## DISPUTED SERVICES

Under dispute is the medical necessity of the prescription of Tizanidine.

## DECISION

The reviewer agrees with the prior adverse determination.

## BASIS FOR THE DECISION

Tizanidine is indicated for treatment of muscle spasticity. Although there is documentation within the provided materials re: continuation of lumbar pain, there is nothing to substantiate existing muscle spasms.

has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. has made no determinations regarding benefits available under the injured employee's policy

As an officer of \_\_\_\_\_, I certify that there is no known conflict between the reviewer, \_\_\_\_\_ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

\_\_\_\_\_ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,