

MDR Tracking Number: M5-03-1904-01

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 4-1-03.

The IRO reviewed medical services consisting of ESI, supplies and drugs rendered from 9-17-02 through 10-29-02 that were denied based upon "U".

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.

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

On July 21, 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	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
9/17/02	64442	\$870.00	\$0.00	F	\$155.00	Surgery GR (I)(A)(B)	Lumbar facet injections. The report does not support facet injections were performed on this date, The report indicates SIs were performed. Per Surgery GR (I)(E)(4)(c), ESIs are to be billed using code 62289. Therefore, report does not support billing of lumbar facet injections, no reimbursement is recommended.
9/17/02	64443	\$629.00	\$0.00	F	\$111.00		Lumbar facet injection each additional level. Same rational as above.
9/17/02	A4245	\$5.00	\$0.00	G	DOP	Surgery GR (I)(E)(4)(d)	Supplies are not global to ESI, reimbursement of \$5.00 is recommended.
9/17/02	A4454	\$6.00	\$0.00	G	DOP	Surgery GR (I)(E)(4)(d)	Supplies are not global to ESI, reimbursement of \$6.00 is recommended.
9/17/02	99070	\$5.00	\$0.00	G	DOP	Surgery GR (I)(E)(4)(d)	Supplies are not global to procedure, reimbursement of \$5.00 is recommended.
9/17/02	A4209	\$10.00	\$0.00	G	DOP	Surgery GR (I)(E)(4)(d)	Supplies are not global to procedure, reimbursement of \$10.00 is recommended.
9/17/02	99070	\$6.00	\$0.00	G	DOP	Surgery GR (I)(E)(4)(d)	Supplies are not global to procedure, reimbursement of \$6.00 is recommended.
9-17-02	A4200	\$0.30	\$0.00	G	DOP	Surgery GR (I)(E)(4)(d)	Supplies are not global to procedure, reimbursement of \$.30 is recommended.
9/17/02	A4215	\$44.00	\$0.00	G	DOP	Surgery GR (I)(E)(4)(d)	Supplies are not global to procedure, reimbursement of \$44.00 is recommended.
TOTAL							The requestor is entitled to reimbursement of <b>\$76.30</b> .

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 dates of service 9-17-02 through 10-29-02 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

July 15, 2003

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

Re: MDR #: M5-03-1904-01  
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 Anesthesia and in Pain Management.

**Clinical History:**

The claimant is a 46-year-old male who suffered a back injury in a work-related accident on \_\_\_. In 2000, he underwent an L4-5 fusion, apparently with significant relief. Subsequently, he developed radiating pain into the left leg and foot, associated with lumbar back pain. An MRI revealed L4-5 lateral disc bulging and spinal stenosis with compromise of the left vertebral foramen at that level.

On 09/17/02, 10/01/02, and 10/15/02, the patient underwent a series of transforaminal epidural steroid injections. He reported a drop in pain score from 7 out of 10, to 2-3 out of 10 with this series. The patient received a follow-up visit on 10/29/02.

**Disputed Services:**

Epidural steroid injections, along with related supplies and drugs, on 09/17/02, 10/01/02, and 10/15/02, together with the 10/29/02 follow-up.

**Decision:**

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

**Rationale:**

The lumbar radiculopathy with the pain thought to be due to nerve root inflammation or compromise is an accepted indication for a therapeutic trial/series of epidural steroid injections. A series of two to three injections is widely accepted and utilized, as is a follow-up of treatment. The timing of the injections and follow-up was appropriate. Transforaminal epidural steroid injection is an accepted route of injection.

The practitioner followed generally accepted guidelines for the indications for epidural steroid injection. The references provided by the physician are appropriate and represent only two of the many suggesting the correctness of the approach utilized. The general course of treatment in this case represents the usual standard of practice. The supplies and drugs listed are all appropriate to such procedures. The patient appears to have benefited.

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,