

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

SOAH DOCKET NO. 453-03-4088.M5

MDR Tracking Number: M5-03-1977-01

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.

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 prescribed medications were **found to be medically necessary**. The respondent raised no other reasons for denying reimbursement of the prescribed medications charges.

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) within 20-days of receipt of this order. This Order is applicable to dates of service 1/3/03 through 3/27/03.

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 24th day of June 2003.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division

MQO/mqo

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

June 20, 2003

Re: IRO Case # M5-03-1977-01

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Neurological Surgery. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient was injured in a motor vehicle accident on ___. She became unconscious and had significant trauma requiring hospitalization. The patient has had intermittently severe neck and shoulder pain since that time. An MRI of the cervical spine in July 1991 showed a C5-6 disk bulge and potential spinal cord difficulty secondary to the injury. A CT scan was normal enough to not pursue the problem surgically. As of 3/26/03 the patient was still having significant pain in her neck and shoulder. The pain has been significantly relieved by use of Hydrocodone and Ambien has helped with sleep.

Requested Service(s)

Prescriptions 1/3/03 through 3/27/03

Decision

I disagree with the carrier's decision to deny the requested treatment

Rationale

The patient has had significant trauma and changes in the cervical spine that suggest the potential of continued ongoing pain, which would probably not be relieved by any particular surgical procedure. Under these circumstances, long-term use of a non schedule 2 pain medication along with medication to help her sleep is medically reasonable and necessary.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

Sincerely,
