MDR Tracking Number: M5-03-2119-01

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. The dispute was received on April 25,2003.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity for unlisted physical medicine service or procedure 97799. The IRO agrees with the previous determination that 97799 was not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for dates of service from 09-17-02 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 10th day of December 2003.

Georgina Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

GR/gr

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

July 27, 2003

Re: IRO Case # M5-03-2119

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 Physical Medicine and Rehablitation. 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 is a 52-year-old female who on suffered two injuries. On ___ she injured her low back while attempting to pick up a heavy tire off the road. She developed pain in her low back radiating down her right leg, and was given medication. On ___ she was injured in a motor vehicle accident and injured her left shoulder and neck. She presented for evaluation on 8/10/02 and was started on physical therapy and pain medication. She was reported as making slow improvement with physical therapy. Neurologic testing on 9/5/02 demonstrated deficits in left lower extremity sensation compared to the right. A CT scan of the lumbar spine on 9/11/02 suggested abnormalities at L5-S1 and L4-5.

Requested Service(s)
97799JA on 917/02

Decision
I agree with the carrier's decision to deny the requested treatment.

Rationale
The patient was reported as having pain radiating down her right leg. Follow up reports later reported the pain radiating down her left leg. Neurologic testing showed sensory deficits in her left leg that were described as severe, and a CT scan showed abnormalities at L5-S1 and L4-5. Six days after the CT scan of the lumbar spine a job site analysis was performed. The last follow up note provided for this review was dated 9/9/02, and it described the neurologic test results and recommended the CT scan. No evidence was provided of any follow up after the

CT scan and prior to the job site analysis. No explanation was provided of why a job site analysis was necessary at this early a stage in the patient's work up and course of treatment. The patient continued to have severely restricted range of motion with neurologic deficits, including significant weakness in the left lower extremity as described in the last clinical note provided. It does not seem reasonable at this point to consider return to work. Furthermore, the patient is a truck driver, and she should be able to fully describe her job requirements and provide adequate information to formulate appropriate return to work strategies when the appropriate time comes.

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

Sincerely,