

MDR Tracking Number: M5-03-2126-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 titled Medical Dispute Resolution of a Medical Fee Dispute, 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 4-28-03.

The IRO reviewed inpatient hospital charges from 5-20-02 through 5-29-02.

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 9-15-03, 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 requestor failed to submit relevant information to support components of the fee dispute in accordance with Rule 133.307(g)(3) (A-F). Specifically, the requestor only submitted a position statement. Therefore, a review of the fee portion cannot be conducted.

This Decision is hereby issued this 3rd day of May 2004.

Dee Z. Torres
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 Order is applicable for dates of service 5-20-02 through 5-29-02 in this dispute.

This Order is hereby issued this 3rd day of May 2004.

R.L. Shipe, Director
Medical Review Division

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

September 10, 2003

Re: IRO Case # M5-03-2126-01

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, and who has met the requirements for TWCC Approved Doctor List or has been approved as an exception to the Approved Doctor List. 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 48-year-old female who injured her back on ____. This led to a 1998 L4-5, L5-S1 laminectomy and fusion. The patient had continued discomfort, and based on a 7/27/00 CT myelogram, a surgical procedure was carried out consisting of bilateral laminectomies from L1-2 through S1-2 with foraminotomies, excision of a herniated disk at L3-4 was included in the operation, along with anterior interbody fusion at L3-4. A BAK cage was used. Pedicle screws were used along with bone stimulation and posteriolateral fusion. Intra-operative evoked potential monitoring was utilized. This was a very extensive procedure. Whether or not this amount of surgery was indicated is not a factor in this opinion.

Requested Service(s)

Medical Services 5/20/02-5/29/02

Decision

I disagree with the carrier's decision to deny the requested supplies and services as not medically necessary for the operative procedure that was performed.

Rationale

The services and items in dispute were medically necessary for the procedure that was performed, and the immediate post-operative care. Eight days of hospitalization is reasonable and necessary for this extensive procedure.

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

Sincerely,