

MDR Tracking Number: M5-03-2133-01

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 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 Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity.

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 prescription medication, Tramadol (Ultram) was found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these prescription medication 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) due to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 12/28/02 through 3/27/03 in this dispute.

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 30th day of June 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

June 23, 2003

Re: Medical Dispute Resolution
MDR #: M5-03-2133-01
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 Board Certified in Neurosurgery.

Clinical History:

This is a 43-year-old gentleman who injured his lower back in a work-related accident on ____. He has complained of predominantly back and neck pain since his injury, with his back being the focus. On 07/13/00 he had L-5 and L-4 partial hemilaminectomy, discectomy, and foraminotomy. Post-operatively, he has complained of continued low back pain that has ultimately led to some depression. He has been followed relatively closely since that time.

Disputed Services:

Tramadol (Ultram) from 12/28/02 through 03/27/03.

Decision:

The reviewer disagrees with the determination of the insurance carrier. The reviewer is of the opinion that the medication in question was medically necessary in this case.

Rationale for Decision:

The patient continues to complain of low back pain, and the reviewer is of the opinion that the patient is dealing with some facet joint or discogenic abnormalities. His MRI scan revealed annular tears at L-4 and L-5. He is status post a two-level lumbar laminectomy. The Ultram substantially improves his ability to participate in activities of daily living and is reasonable for this gentleman.

The use of Ultram is not contraindicated at this point. It is improving the quality of daily living, which is, ultimately, our goal in any form of treatment,

I am the Secretary and General Counsel of ____ 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,