

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

**SOAH DOCKET NO. 453-03-4606.M5**

MDR: Tracking Number M5-03-2177-01

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. Therefore, upon receipt of this Order and in accordance with §133.308(q)(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.

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 facet joint injection (right C6-C7 facet under fluoroscopy) was found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the facet joint injection 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) 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 to date of service 7/12/01 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 Finding and Decision is hereby issued this 15<sup>th</sup> day of July 2003.

Carol R. Lawrence  
Medical Dispute Resolution Officer  
Medical Review Division

CRL/crl

July 9, 2003

Re: Medical Dispute Resolution  
MDR #: M5-03-2177-01  
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 Chiropractic Medicine.

**Brief Clinical History:**

This female claimant struck her right shoulder and head in a work-related accident on \_\_\_, and was unconscious for a period of time. An intensive conservative treatment program was rendered that included NSAID's, active rehabilitation, injections, and manipulation. Diagnostic testing was performed, as well as ESI and surgical intervention. An upper extremity EMG ruled out cervical radiculopathy.

**Disputed Services:**

Right C6-C7 facet joint injection under fluoroscopy on 07/12/02.

**Decision:**

The reviewer disagrees with the determination of the insurance carrier. The reviewer is of the opinion that the facet joint injection was medically necessary in this case.

**Rationale:**

After reviewing all records provided, the patient was unresponsive to non-invasive treatment. She had undergone ESI's that addressed the disc involvement. The results of the diagnostic testing and failure and unresponsiveness of prior treatments led the treating doctor to surmise the pain generator, in this instance, the facet joints. This is evident due to the fact that the patient received significant relief of her symptoms and increase in range of motion after the injection.

Cervical facet injection was performed due to the fact that the patient had cervical spondylosis, without myelopathy. She was also experiencing cervicalgia and suspected facet syndrome. After the facet injection, she received 30% decrease in her symptomatology, which supported the diagnosis of facet arthropathy or facet syndrome. National treatment guidelines, and Medicare treatment guidelines, include cervical spondylosis without myelopathy, cervicalgia, and facet arthropathy as supporting diagnoses for cervical facet injections. Per the Texas Guidelines, injections are required to be with fluoroscopic guidance, which was done in this case.

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,