

MDR Tracking Number: M5-03-2399-01

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 (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 5/28/03.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the office visits, injections, joint mobilization and therapeutic activities were 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 Division has determined that the office visits, injections, joint mobilization and therapeutic activity fees were the only fees involved in the medical dispute to be resolved. As the treatment was not found to be medically necessary, reimbursement for dates of service from 6/17/02 to 7/17/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 25<sup>th</sup> day of August 2003.

Carol R. Lawrence  
Medical Dispute Resolution Officer  
Medical Review Division

CRL/crl

**IRO Certificate #4599**

**NOTICE OF INDEPENDENT REVIEW DECISION**

July 30, 2003

**Re: IRO Case # M5-03-2399-01**

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, Rule 133.308 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 Anesthesiology and Pain Management. 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 has low back pain and spasm with minimal findings on imaging studies. Injections and “DRX” were performed.

Requested Service(s)

Injections, joint mobilization, therapeutic activities, office visit

Decision

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

Rationale

64441- Parar block is not indicated to treat muscle spasm. The records indicate that the procedure was NOT a paravertebral block, since the injection was performed at the transverse process, but it was billed as 64441. The records provided do not support the 64441 coding. Regardless, 64441 is not appropriate to treat muscle spasm.

64999 – DRX – No rationale was provided for this procedure and no documentation of efficacy was provided for this review. From the records provided, it was unnecessary.

99213 - The documentation was not adequate to support the 99213 coding. The brief notes were not sufficient to support the level of visit.

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

Sincerely,