

MDR Tracking Number: M5-03-2538-01

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, 2003 and Commission Rule 133.305 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 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 MRI 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 Division has determined that MRI 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 date of service 6-14-02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 14th day of 2003.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

DZT/dzt

August 12, 2003

Re: Medical Dispute Resolution
MDR #: M5-03-2538-01

___ 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.

Clinical History:

This female claimant suffered a closed-head injury in a work-related accident on ___. The injury produced chronic neck pain extending into the right scapular region. She was treated with non-surgical intervention over the last few years. She had a previous cervical MRI on 10/13/00, and a cervical spine MRI on 06/14/02. The patient saw a chiropractor on 06/03/02, stating that the prior night she had acute neck pain and right shoulder pain, and was assessed as having a possible nerve impingement syndrome secondary to cervical IVD. Apparently, the patient has been treated by this chiropractor in the past since her injury of ___.

Disputed Services:

MRI.

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that the MRI was not medically necessary in this case.

Rationale:

Given the history of previous neck problems in 1994, as well as additional neck injury on ____, it is not uncommon for the patient to experience occasional recurrence of her symptomatology. However, merely the fact that she presented stating that she was lying flat in bed and began noticing significant worsening of medial scapular pain extending down her right arm to the middle two fingers, with weakness in her right arm as well, is not in and of itself sufficient documentation to warrant an MRI.

According to Texas Labor Code 408:021(a), an employee is entitled to the care reasonably required in association with their injury and the treatment thereof. If the patient's condition is not stable, the care to maintain and promote healing is medically necessary.

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,