

MDR Tracking Number: M5-03-2627-01

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 6-18-03.

The Medical Review 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 nerve block procedure and services necessary for nerve block procedure on 7-23-02 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 Medical Review Division has determined that fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for date of service 7-23-02 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 17th day of June 2004.

Dee Z. Torres  
Medical Dispute Resolution Officer  
Medical Review Division

Enclosure: IRO Decision

**MEDICAL REVIEW OF TEXAS**

**[IRO #5259]**

**3402 Vanshire Drive**

**Austin, Texas 78738**

**Phone: 512-402-1400**

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**NOTICE OF INDEPENDENT REVIEW DETERMINATION**

TWCC Case Number:	
MDR Tracking Number:	M5-03-2627-01
Name of Patient:	
Name of URA/Payer:	Downtown Plaza Imaging
Name of Provider: (ER, Hospital, or Other Facility)	Downtown Plaza Imaging
Name of Physician: (Treating or Requesting)	Mark Yezak, MD

August 1, 2003

An independent review of the above-referenced case has been completed by a medical physician board certified in physical medicine and rehabilitation. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no

known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

Sincerely,

Michael S. Lifshen, MD  
Medical Director

cc: Texas Workers Compensation Commission

#### CLINICAL HISTORY

This is a 36-year-old lady who reportedly slipped and fell at work. She was seen in the ER, noted to have a spina bifida occulta. Was treated with chiropractic that did not lessen the symptoms, MRI imaging noted significant degenerative changes to the lumbar spine. Electrodiagnostic assessment was significant for a radiculopathy. ESI's were completed, as was a reported injection into a cyst. A Designated Doctor evaluation suggested epidural injections.

#### REQUESTED SERVICE(S)

Were the nerve block procedure and the services necessary for a nerve block done 7/23/02 medically necessary?

#### DECISION

No.

#### RATIONALE/BASIS FOR DECISION

Reading of the question is in two parts. Was the nerve block procedure medically necessary? No. Clearly there were complaints of pain. However, there was no objective medical evidence of any acute pathology that could be even remotely related to the acute event. There is a note indicating that there was some degenerative findings, however, there was no note indicating a disc lesion or any encroachment on the nerve roots. It should be pointed out that the procedure note indicated that the procedure was a facet injection however; the billing was for a nerve root injection. Also, there was no indication that the facet joint either, as there is no objectification that the facets were compromised, that they were injured in the compensable event or had any arthritic changes. There was no

documentation presented that indicated that the facet joints were the pain generators and that there was any pathology at the location.

The second part of the question was: were the services necessary to complete the injection (Billed as nerve root injection and reported as facet injection), yes. There was considerable caution taken. Not every one would have used IV sedation, EKG monitoring, O<sub>2</sub>, pulse oximeter and IV solutions. However, with the procedure, these items are within the realm of reasonable and necessary.

ADDENDUM:

The nerve block was not reasonable or necessary care. However, in that they were done, certain measures and precautions had to be completed. Unlike the injection that was not needed, if someone is having the procedure, there is a clinical need for the monitoring, IV sedation, oxygen, etc. thus, when the question is split, the clinical necessity for the supporting procedures would be apparent; however, the need for the unnecessary procedure is the issue.