

MDR Tracking Number: M5-03-2634-01

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 June 17, 2003.

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 injection w/out anesthesia, unlisted E & M services, non-invasive ear pulse oximetry, EKG, x-ray, spine & chest, contrast x-ray, fluoroscopic localization, low molecular weight (LMW) osmolar contrast, supplies & materials, normal saline, metoclopramide (Reglan) injection, fentanyl citrate injection, Valium injection, lidocaine injection, surgical tray, needles, and anesthesia in lumbar region 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 fees were the only fees involved in the medical dispute to be resolved. As the treatment injection w/out anesthesia, unlisted E & M services, non-invasive ear pulse oximetry, EKG, x-ray, spine & chest, contrast x-ray, fluoroscopic localization, low molecular weight (LMW) osmolar contrast, supplies & materials, normal saline, metoclopramide (Reglan) injection, fentanyl citrate injection, Valium injection, lidocaine injection, surgical tray, needles, and anesthesia in lumbar region were not found to be medically necessary, reimbursement for date of service 7/10/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 5<sup>th</sup> day of September 2003.

Margaret Q. Ojeda  
Medical Dispute Resolution Officer  
Medical Review Division

MQO/mqo

#### NOTICE OF INDEPENDENT REVIEW DECISION

August 28, 2003

Rosalinda Lopez  
Program Administrator  
Medical Review Division  
Texas Workers Compensation Commission  
4000 South IH-35, MS 48  
Austin, TX 78704-7491

RE:            MDR Tracking #        M5-03-2634-01  
                  IRO Certificate #        IRO4326

\_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to \_\_\_ for independent review in accordance with TWCC §133.308 which allows for medical dispute resolution by an IRO.

\_\_\_ has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a \_\_\_ physician reviewer who is board certified in diagnostic radiology which is the same specialty as the treating physician. The \_\_\_ physician reviewer has signed a certification statement stating 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 the referral to \_\_\_ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

#### Clinical History

This patient sustained a back injury on \_\_\_, mechanism unknown. She saw a chiropractor for treatment and therapy. Her chiropractor referred her to an imaging center for a lumbar epidural steroid injection per the diagnostic radiologist.

#### Requested Service(s)

Injection without anesthesia, unlisted E & M services, non-invasive ear pulse oximetry, EKG, x-ray spine & chest, contrast x-ray, fluoroscopic localization, low molecular weight (LMW) osmolar contrast, supplies & materials, normal saline, metoclopramide (Reglan) injection, fentanyl citrate injection, Valium injection, lidocaine injection, surgical tray, needles, and anesthesia in lumbar region from 07/10/02

#### Decision

It is determined that the injection without anesthesia, unlisted E & M services, non-invasive ear pulse oximetry, EKG, x-ray spine & chest, contrast x-ray, fluoroscopic localization, low molecular weight (LMW) osmolar contrast, supplies & materials, normal saline, metoclopramide (Reglan) injection, fentanyl citrate injection, Valium injection, lidocaine injection, surgical tray, needles, and anesthesia in lumbar region from 07/10/02 was not medically necessary to treat this patient's condition.

#### Rationale/Basis for Decision

This is a young, 21-year-old patient. She has not been evaluated by a neurologist/neurosurgeon or orthopedic surgeon. The x-ray report of the lumbar spine is a vague report and is probably normal, but this would have to be confirmed by reviewing the hard copy. Her symptoms are vague. On the medical record submitted, there is no indication for the disputed procedure. To prove medical necessity for this procedure, documentation suggesting lumbar pathology would be needed. Therefore, it is determined that the injection without anesthesia, unlisted E & M services, non-invasive ear pulse oximetry, EKG, x-ray spine & chest, contrast x-ray, fluoroscopic localization, low molecular weight (LMW) osmolar contrast, supplies & materials, normal saline, metoclopramide (Reglan) injection, fentanyl citrate injection, Valium injection, lidocaine injection, surgical tray, needles, and anesthesia in lumbar region from 07/10/02 was not medically necessary.

Sincerely,