

MDR Tracking Number: M5-03-2697-01

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 24, 2003.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the majority of the medical necessity issues. Therefore, upon receipt of this Order and in accordance with § 133.308(r)(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 prescriptions for dates of service 6/24/02 through 9/10/02 **were found to be medically necessary**. The biofreeze, lumbar support roll and adjustable cane for dates of service 6/24/02, 7/24/02 and 9/10/02 **were not found to be medically necessary**. The respondent raised no other reasons for denying reimbursement of the biofreeze, lumbar support roll, adjustable cane, and prescription charges.

This Findings and Decision is hereby issued this 11th day of September 2003.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division

MQO/mqo

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 dates of service 6/24/02 through 9/10/02 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 Order is hereby issued this 11th day of September 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/mqo

September 5, 2003

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-03-2697-01

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). ___ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ___ for independent review in accordance with this Rule.

___ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing physician on the ___ external review panel. This ___ reviewer has been certified for at least level I of the TWCC ADL requirements This physician is board certified in neurosurgery. The ___ physician reviewer signed a statement certifying that no known conflicts of interest exist between this physician and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ___ for independent review. In addition, the ___ physician reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a male who sustained a work related injury on ___. The patient has been diagnosed with lumbar radiculopathy, lumbar facet syndrome, left lateral recess stenosis at L3-L4, L4-L5 and L5-S1, status post L3-L4 laminectomy in the past, status post L5-S1 fusion and chronic pain syndrome.

Requested Services

Prescriptions, biofreeze, lumbar support roll and adjustable cane from 6/24/02 through 9/10/02.

Decision

The Carrier's determination that these services were not medically necessary for the treatment of this patient's condition is partially overturned.

Rationale/Basis for Decision

The ___ physician reviewer noted that this case concerns a male who sustained a work related injury to his back on ___. The ___ physician reviewer also noted that the diagnoses for this patient include lumbar radiculopathy, lumbar facet syndrome, left lateral recess stenosis at L4-L4, L4-L5 and L5-S1 and chronic pain syndrome. The ___ physician reviewer further noted that the patient had undergone an L3-L4 laminectomy and was status post L5-S1 fusion. The ___ physician reviewer indicated that the patient had been treated with prescription medication, biofreeze, lumbar support roll and utilized an adjustable cane. The ___ physician reviewer explained that the documentation provided did not support an indication for biofreeze, lumbar

support roll or an adjustable cane. The ___ physician reviewer also explained that the documentation provided does not show any evidence of proven efficacy or any indication of medical necessity. However, the ___ physician reviewer further explained that the prescription medications were medically necessary to treat this patient's condition. Therefore, the ___ physician consultant concluded that the biofreeze, lumbar support roll and adjustable cane from 6/24/02 through 9/10/02 were not medically necessary to treat this patient's condition. However, the ___ physician consultant concluded that the prescriptions from 6/24/02 through 9/10/02 were medically necessary to treat this patient's condition.

Sincerely,