

MDR Tracking Number: M5-03-2717-01

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 issues of medical necessity. 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 MRI was found to be medically necessary. The respondent raised no other reasons for denying reimbursement of the MRI charge.

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 date of service 10/25/02 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 2<sup>nd</sup> day of October 2003.

Margaret Q. Ojeda  
Medical Dispute Resolution Officer  
Medical Review Division  
MQO/mqo

August 22, 2003

Re: MDR #: M5-03-2717-01  
IRO Certificate No.: IRO 5055

\_\_\_ 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 Physical Medicine and Rehabilitation in Pain Management.

**Clinical History:**

This 49-year-old male claimant injured his shoulder and right arm in a work-related injury on \_\_\_\_. The patient reports the injury resulted in shoulder pain for approximately one week, followed by shoulder pain to include pain down the back of his right arm and into the back of his forearm. The injury progressed such that the patient noted a sense of fatigue to the triceps. The pain was characterized as an intense aching sensation exacerbated by coughing and also with extension of the neck along with rotation to the right. Axial loading caused mild pain to the cervical spine. Also noted on physical exam was decrease in the right triceps tendon. Initial shoulder x-rays were negative. An MRI of the cervical spine appears to have been ordered on 10/17/02.

**Disputed Services:**

MRI of the neck/spine dated 10/25/02.

**Decision:**

The reviewer disagrees with the determination of the insurance carrier. The procedure in question was medically necessary in this case.

**Rationale:**

The patient's physical findings were initially evaluated and treated in a conservative fashion. An MRI was appropriately ordered in face of progressing signs to indicate cervical radiculopathy. The MRI of 10/25/02 revealed a right posterolateral disk herniation at C6-7.

The medical action in this case is deemed quite appropriate in light of standard medical practice.

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,