

MDR Tracking Number: M5-03-2960-01

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 assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 7-15-03.

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 \$460.00** 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 of the cervical spine was found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

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 9-30-02 in this dispute.

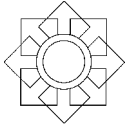
The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 10th day of October 2003.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

DZT/dzt

Enclosure: IRO decision



Texas Medical Foundation

Barton Oaks Plaza Two, Suite 200 • 901 Mopac Expressway South •
Austin, Texas 78746-5799
phone 512-329-6610 • fax 512-327-7159 • www.tmf.org

NOTICE OF INDEPENDENT REVIEW DECISION

October 2, 2003

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

RE: Injured Worker: _____
MDR Tracking #: M5-03-2960-01
IRO Certificate #: IRO4326

The Texas Medical Foundation (TMF) 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 TMF for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

TMF 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 matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. TMF's health care professional 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 TMF 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 was injured on ____ while installing cable on the roof of a house. He slipped and fell off the roof and hurt his neck, back, and left elbow. He saw a chiropractor for therapy and treatment. A cervical MRI dated 09/30/02 revealed a minor disc bulging at C3-4 and C5-6 without cord involvement or foraminal stenosis.

Requested Service(s)

Cervical MRI dated 09/30/02

Decision

It is determined that the cervical MRI dated 09/30/02 was medically necessary to treat this patient's condition.

111 Rationale/Basis for Decision

This patient's initial evaluation on 07/31/02 reported subjective symptoms of cervical pain with restriction of range of motion and radiating pain. These were confirmed by the objective findings of decreased range of motion, palpatory findings, diminished triceps reflex on the left, muscle weakness, and positive orthopedic testing.

Treatment was performed that involved passive therapies with a progression into active therapy. The records indicate the patient received benefit from the treatment. However, the patient continued to experience on-going problems. It was at that time the treating doctor ordered the cervical MRI to confirm or rule out the presence of a cervical disc lesion.

National guidelines allow for the use of diagnostic testing in injuries of this nature. After an initial phase of care and with continued subjective symptoms and objective findings, it was medically indicated to order this test to further evaluate the extent of this patient's injuries. Therefore, it is determined that the cervical MRI dated 09/30/02 was medically necessary.

Sincerely,

A handwritten signature in black ink, appearing to read "Gordon B. Strom, Jr.", written in a cursive style.

Gordon B. Strom, Jr., MD
Director of Medical Assessment

GBS:vn