

MDR Tracking Number: M5-03-3029-01

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 8-1-03.

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 \$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 inpatient hospital office visit, care, subsequent hospital office visit, and hospital discharge visit were 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 dates of service 9-30-02 through 10-3-02 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 15th day of September 2003.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division
DZT/dzt

NOTICE OF INDEPENDENT REVIEW DECISION

September 10, 2003

MDR Tracking #: M5-03-3029-01
IRO Certificate #:IRO4326

The ___ 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 orthopedic surgery 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 ___ and, after failing conservative treatment, underwent a laminectomy and fusion with instrumentation from L4 to S1 on 05/21/02. Approximately four months later, she began developing severe back and leg pain. As her pain worsened, she presented to the ER and was admitted on 09/29/02. She was placed on a patient-controlled analgesia (PCA) machine while the physician was ruling out hardware loosening, early pseudoarthrosis, and post laminectomy syndrome.

Requested Service(s)

The hospital visit, subsequent hospital care, and hospital discharge from 09/29/02 through 10/03/02

Decision

It is determined that the hospital visit, subsequent hospital care, and hospital discharge from 09/29/02 through 10/03/02 was considered medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The patient presented to the emergency room with intractable low back pain and leg pain which required the use of a PCA machine and IV medication. The workup to include the myelogram was appropriate since the patient was approximately four months from her surgical intervention and had markedly increased pain and discomfort. As soon as the myelogram was completed and did not show a surgical lesion, the patient was appropriately switched to oral medications and was able to be discharged on October 3, 2002. Therefore, it is determined that the hospital visit, subsequent hospital care, and hospital discharge from 09/29/02 through 10/03/02 were considered medically necessary.

Sincerely,