

MDR Tracking Number: M5-03-3132-01

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 July 31, 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 electrical stimulation, ultrasound, massage, therapeutic exercises, diathermy, and office visits were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for electrical stimulation, ultrasound, massage, therapeutic exercises, diathermy, and office visits charges.

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 4/15/03 through 5/15/03 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 16<sup>th</sup> day of September 2003.

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

September 11, 2003

Re: MDR #: M5-03-3132-01  
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 Internal Medicine.

**Clinical History:**

This is a 58-year-old female who injured herself on the job on \_\_\_\_. She felt a pop in her left side and back, and had pain thereafter. She has had numerous doctor visits and an MRI of her back. There is a note of an EMG as well, showing that she had signs of neuropathy to L3-L4. Her MRI revealed degenerative disk disease as well as hemangioma of L-1, with no definite evidence of spinal or foraminal stenosis or disk herniation.

**Disputed Services:**

Electrical stimulation, ultrasound, massage, therapeutic exercises, diathermy, office visits from 4/15/03 through 5/15/03.

**Decision:**

The reviewer disagrees with the determination of the insurance carrier. The services in question were medically necessary.

**Rationale:**

Review of the medical records reveals that the patient has seen numerous doctors indicating she has signs of a radiculopathy on the left side. Her evaluation also showed that she had continued stiffness, weakness, and pain that were determined to be valid on the left side. She has had decreased range of motion of the left lower extremity, decreased leg raise of the left lower extremity, continued pain with sitting, and difficulty with prolonged ambulation. Therefore, I agree with the findings of the doctors that the requested treatments were medically necessary for her ailment.

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,