

**THIS MDR TRACKING NO. WAS WITHDRAWN.  
THE AMENDED MDR TRACKING NO. IS: M5-04-3451-01**

MDR Tracking Number: M5-03-3369-01

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, 133.307 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. This dispute was received on 08-25-03.

The IRO reviewed semi-private room, intensive care-surgical, pharmacy, supplies, sterile supply, lab X 2, radiology X2, chest x-ray, radiology-diagnostic, surgery, anesthesia, blood administering, respiratory services X 2, physical therapy, pulmonary functions and cardiology rendered from 09-13-02 through 09-16-03 that was denied based upon "U".

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 not the only issue** to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 11-04-03, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14-days of the requestor's receipt of the Notice.

Dates of service 09-13-02 for services for supply/"implantable(s) " denied with denial code M and facility charges on date of service 09-13-02 denied with denial code F. Requestor did not support either denial. Requestor did not clarify the services performed and documentation does not identify the services performed or support delivery of service. No additional reimbursement is recommended.

This Findings and Decision is hereby issued this 30<sup>th</sup> day of April 2004.

Debra L. Hewitt  
Medical Dispute Resolution Officer  
Medical Review Division

DLH/dlh

### **ORDER**

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for 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 Decision is applicable for dates of service 09-13-02 through 09-16-02 in this dispute.

This Order is hereby issued this 30<sup>th</sup> day of April 2004.

David R. Martinez, Manager  
Medical Dispute Resolution  
Medical Review Division

DRM/dlh

October 31, 2003  
**Amended April 1, 2004**

David Martinez  
TWCC Medical Dispute Resolution  
4000 IH 35 South, MS 48  
Austin, TX 78704

MDR Tracking #: M5-03-3369-01  
IRO #: 5251

\_\_\_ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to \_\_\_ for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

\_\_\_ has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Medical Doctor board certified and specialized in Orthopaedic Surgery. The reviewer is on the TWCC Approved Doctor List (ADL). The \_\_\_ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors 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 the dispute.

### CLINICAL HISTORY

\_\_\_ is a 63-year old gentleman who originally injured his back on \_\_\_. He has a long extensive history of continuing unrelenting neck problems since the original injury occurred. He has gone through much conservative treatment and has gone through three major surgical procedures on his neck. \_\_\_, a neurosurgeon, did his first procedure in June of 1995. He did an anterior cervical fusion with discectomy and decompression at the C4/5 and C5/6 levels. This was done to decompress the nerve roots at those two levels. The patient continued to have problems with his neck and had pain radiating down the arm. Conservative treatment failed to relieve his symptoms.

He was then referred to \_\_\_ who performed a second operation on him in April of 200, a C3/4 anterior cervical fusion and C6/7 fusion anterior cervical fusion with discectomy and decompression. Following this procedure he had some complication with non-functioning of one of his vocal cords, and he apparently did not get any relief of symptoms from this procedure.

\_\_\_ continued to have ongoing problems with his neck. He was determined to have a non-union at the C6/7 fusion site. The hardware was symptomatic at that level also. Therefore, a third operation was necessary.

On September 13, 2002 the third operation was done in order to repair the pseudoarthrosis of the fusion at C6/7 and to remove the hardware that was symptomatic. Also, the procedure was to do an anterior cervical fusion and discectomy with instrumentation at C7/T1 level. This is a very extensive procedure that requires more than a one-day hospital stay.

This patient remained in the hospital for three days and underwent the she surgical procedure without any operative complications. He was then released from the hospital on September 16, 2002. The discharge summary states that he had no difficulty swallowing and there was no neurologic deficit noted. His incisions were noted to be clean with no evidence of infection.

#### DISPUTED SERVICES

Under dispute is the medical necessity of semi-private room, intensive care – surgical, pharmacy, supplies, sterile supply, lab x 2, radiology x 2, chest x-ray, radiology – diagnostic, surgery, anesthesia, blood administering, respiratory services x 2, physical therapy, pulmonary function and cardiology from 9/13/02 through 9/16/02.

#### DECISION

The reviewer disagrees with the prior adverse determination.

#### BASIS FOR THE DECISION

The reviewer finds that the disputed procedures and related charges are reasonable and necessary for the treatment of this patient. The length of hospital stay is certainly not excessive. This was a major operative procedure and the patient could not possibly be discharged any sooner than his day of discharge. The length of time was not excessive and the reviewer finds the services to be reasonable and necessary.

\_\_\_ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. \_\_\_ has made no determinations regarding benefits available under the injured employee's policy

As an officer of \_\_\_, I certify that there is no known conflict between the reviewer, \_\_\_ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

\_\_\_ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,