

MDR Tracking Number: M5-02-2227-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective January 1, 2002 and Commission Rule 133.305 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 Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that work hardening and office visits were not medically necessary.

Based on review of the disputed issues within the request, the Division has determined that the work hardening and office visit fees were the only fees involved in the medical dispute to be resolved. As the treatment was not found to be medically necessary, reimbursement for dates of service from 3-28-01 through 6-28-01 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 27<sup>th</sup> day of September 2002.

Dee Z. Torres, Medical Dispute Resolution Officer  
Medical Review Division

DZT/dzt

**IRO Certificate #4599**

**Amended NOTICE OF INDEPENDENT REVIEW DECISION**

August 10, 2002

**Re: IRO Case # M5-02-2227-01**

Texas Workers' Compensation Commission:

\_\_\_ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IRO's, TWCC assigned this case to \_\_\_ for an independent review. \_\_\_ has performed an independent review of the

proposed care to determine if the adverse determination was appropriate. For that purpose, \_\_\_ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Neurological Surgery. He or she has signed a certification statement attesting 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 referral to \_\_\_ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The \_\_\_ reviewer who reviewed this case has determined that, based on the medical records provided, the requested care is not medically necessary. Therefore, \_\_\_ agrees with the adverse determination regarding this case. The reviewer's decision and the specific reasons for it, is as follows:

This case involves a female who was 42-years-old when on \_\_\_ she slipped and fell on stairs, and hit her right side. On 4/19/00 the patient sought chiropractic help, leading to many diagnostic and therapeutic measures, including MRI of the left knee, which was thought normal, along with MRI scanning of cervical, lumbar and thoracic regions, and eventually myelographic CT evaluation of the lumbar spine. The results showed only questionably surgically significant pathology, and conservative measures continued to be employed to relieve the patient's discomfort. Surgery on the lumbar spine was recommended early in treatment, but a second opinion on 8/8/00 said that surgery was not indicated. A third opinion said that there was no radiculopathy, nothing on imaging that would indicate a surgical procedure was necessary, and no objective evidence of significant difficulty secondary to the patient's injury. The evaluation indicated that the patient had reached maximum medical improvement in July, 2000 with 0% permanent impairment rating.

The patient was referred after this to pain management consultations, and was recommended continued chiropractic treatment and epidural steroid injections. A 5/23/01 medical evaluation led to the opinion that testing on this patient was invalid because of her poor effort and no objective findings on exam.

Another consult indicated that when there was no improvement after four weeks, the treatment should have been at least reevaluated, if not changed or discontinued.

I agree with the denial of the disputed chiropractic treatment, office visits and work hardening program 3-28-01-6-28-01. The diagnosis for the justification of treatment in May and June, 2001 was cervical vertebral subluxation, and there is no objective evidence that supports this diagnosis.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

## **YOUR RIGHT TO REQUEST A HEARING**

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing. A request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3). This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to: Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P O Box 40669, Austin, TX 78704-0012. A copy of this decision should be attached to the request.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

Sincerely,