

MDR Tracking Number: M5-02-2291-01

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, electrodes, office visits and work status reports rendered were not medically necessary.

Based on review of the disputed issues within the request, the Division has determined that the work hardening, electrodes, office visits and work status reports rendered 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 3/12/01 to 12/7/01 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 25th day of June 2002.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). Texas Workers' Compensation Rule 133.308 "Medical Dispute Resolution by an Independent Review Organization", effective January 1, 2002, allows an injured employee, a health care provider and an insurance carrier to appeal an adverse determination by requesting an independent review by an IRO.

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to ___ for an independent review. ___ has performed an independent review of the medical records 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. Your case was reviewed by a physician Board Certified in Doctor of Chiropractor, D.A.C.N.B

THE PHYSICIAN REVIEWER OF THIS CASE **AGREES** WITH THE DETERMINATION MADE BY THE INSURANCE CARRIER ON THIS CASE.

I am the Secretary and General Counsel of ___ and I certify that the reviewing physician 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.

We are forwarding herewith a copy of the referenced Medical Case Review with reviewer's name redacted. We are simultaneously forwarding copies to the patient, the payor, and the Texas Workers' Compensation Commission. This decision by ___ 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 this decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must in writing and it must be received by the TWCC Chief Clerk of Proceedings within ten (10) days of your receipt of this decision (28 Tex. Admin. Code 142.5)

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk Proceedings within twenty (20) days of your receipt of this decision (28 Tex. Admin. Code 148.3)

This Decision is deemed received by you five (5) 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 Workers' Compensation Commission
P.O. Box 40669
Austin, TX 78704-0012

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

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile of U.S. Postal Service from the office of the IRO on May 29, 2002.

Sincerely,

MEDICAL CASE REVIEW

This is ___ for ___. I have reviewed the medical information forwarded to me concerning Case File #M5-02-2291-01, in the area of Chiropractic specialty. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

1. MDR request, ___, D.C., 4/17/02.
2. Explanation of Benefits, ___, dates of service 3/12/01 to 12/07/01.
3. Dispute letter, ___, 4/29/02.
4. Denial letter, ___, 4/26/02.
5. Narrative report, ___, M.D., 7/02/01.
6. RME examination, ___, M.D., 1/23/01.
7. Designated Doctor Examination, ___, D.C., 2/27/01.
8. IME report, TWCC-61, ___, 11/21/01.
9. TWCC-73, ___, 4/04/01 to 11/16/01.
10. SOAP notes, ___ D.O., dates of service 9/12/00 to 10/31/00.
11. P.T. evaluation, ___, P.T., 9/14/00 to 9/25/00.
12. ___, D.C., 12/12/00 to 12/07/01.
13. Daily patient records, DR. ___, 4/11/01 to 6/27/01.
14. Work hardening notes, ___, D.C., 2/21/01 to 4/06/01.
15. Lumbar x-ray report, ___, D.O., 10/03/00.
16. Electrophysiological study, ___, M.D., 12/27/00.
17. FCE, ___ Clinic, 3/22/01 and 2/15/01.

B. SUMMARY OF EVENTS:

The patient sustained a work-related injury on ___. The patient sustained a low back sprain as a result of picking up a 30-45 pound pan of dough at the bakery where she worked. She initially received treatment from ___, D.O. that included medication and physical therapy. She had reported high pain until January 2001, and Dr. ___ believed her to be malingering.

She changed treating doctors soon after, and began care with ___, D.C. Her first visit with Dr. ___ was on 11/21/00. He gave her a diagnosis of lumbar sprain/strain, suspected lumbar disk injury, and bilateral lumbar radiculopathy. He proposed aquatic therapy, massage, stretching, and manipulation. He referred her to ___, M.D. to receive medication.

On 11/28/00, an MRI revealed hypertrophy of the right ligamentum flavum with minimum deformity of the thecal sac. Electrophysiological studies revealed right lumbosacral radiculopathy.

She received ___ treatment until 12/07/01, at which time she still rated her pain as 7 to 8 (severe) in her mid and lower back. She received work hardening from dates of service 2/21/01 to 4/06/01, and received chiropractic treatment 12/12/00 to 12/07/01.

On 1/23/01, she was examined by a carrier-selected physician and placed at MMI and 0% IR. On 2/27/01, she was examined by a designated doctor and placed at MMI at 6% IR.

C. OPINION:

I AGREE WITH THE DETERMINATION MADE BY THE INSURANCE CARRIER ON THIS CASE.

The denial of work hardening, the EM office visits, and work status reports is medically correct. The work hardening dates of service 3/12 to 3/16/01 were not in accordance with TWCC ground rules. The patient did not exhibit benefit from the program she had commenced, according to documentation presented.

She continued to rate her pain as 7 to 8 on a 1-10 scale, and her subjective complaints for 3/12/01 to 3/16/01 continued to be "I am having sharp pains in the buttocks and low back," even though this was her fourth week in work hardening.

Also, her current level of functioning due to her injury did not interfere with her ability to work. This is determined by the fact that the designated doctor determined her to be at MMI and stated, "Further recovery from the injury that occurred on ___ can no longer be reasonably anticipated." This determination was made on 2/27/01, and thus I have made the determination that the EM office visits 5/04/01, 5/30/01, 6/27/01, 8/08/01, 8/28/01, 9/04/01, 9/27/01, 10/18/01, 11/09/01, 11/16/01, and 12/07/01 were not medically necessary and a case of over-utilization of care. Therefore, the work status reports dated 6/27, 8/28, 10/04, 11/09, and 11/16/01 were also not medically necessary.

D. DISCLAIMER:

The opinions rendered in this case are the opinions of this evaluator. This medical evaluation has been conducted on the basis of the documentation as provided to me with the assumption that the material is true, complete and correct. If more information becomes available at a later date, then additional service, reports or consideration may be requested. Such information may or may not change the opinions rendered in this evaluation. My opinion is based on the clinical assessment from the documentation provided.