

THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER:

SOAH DOCKET NO. 453-02-3898.M5

MDR Tracking Number: M5-02-2411-01

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 assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent.

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(q)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee.

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 chiropractic services, which included office visits and physical therapy, were found to be medically necessary.** The respondent raised no other reasons for denying reimbursement of the chiropractic 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 **4/28/01 through 11/27/01** 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 9th day of July 2002.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and subsequently re-delegated by Virginia May, Deputy Executive Director.

NOTICE OF INDEPENDENT REVIEW DECISION

June 27, 2002

David Martinez
Chief, Medical Dispute Resolution
Medical Review Division
Texas Workers Compensation Commission
4000 South IH-35, MS 40
Austin, TX 78704-7491

RE: MDR Tracking #: M5-02-2411-01
IRO Certificate #: 4326

___ 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 Rule §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 matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. ___ health care professional 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 50 year old male sustained a low back injury on ___ when he was lifting a roll of vinyl. He also hurt his right wrist when the roll of vinyl slipped out of his hands. An MRI performed on 11/04/93 revealed multilevel disc degeneration and a focal disc herniation at the L4-5 level. The patient complained of back pain and spasms and underwent manipulative therapy by his treating chiropractor.

Requested Service(s)

Chiropractic care from 04/28/01 to 11/27/01

Decision

It is determined that the chiropractic services provided between 04/28/01 and 11/27/01 were medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The patient has a 9% impairment rating for his low back injury and there is MRI evidence of mild to moderate chronic degenerative changes in the lumbar spine. This places the patient at a disadvantage compared to pre-injury status when performing normal functions such as vinyl carpet installation, which will cause exacerbations. Based on Section 408.021, Entitlement to Medical Benefits, the treatments should reduce pain and enhance his ability to return or retain gainful employment. The SOAP notes support the medical necessity for treatment and identify good response to treatment. Therefore, the patient should be entitled to the adjustments provided by the chiropractor, as it appears that they were necessary and allowed the patient to continue with his employment.

Sincerely,