

MDR Tracking Number: M5-02-2460-01

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 work hardening program and FCE were found to be medically necessary. The respondent raised no other reasons for denying reimbursement charges for the work hardening program and FCE.

This Finding and Decision is hereby issued this 14th day of, October 2002.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

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 10/18/01 through 11/15/01 in this dispute and IRO fee.

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 14th day of October 2002.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/crl

October 8, 2002

Re: Medical Dispute Resolution
MDR #: M5.02.2460.01
IRO Certificate No.: IRO 5055

Dear

___ 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. A physician who is certified in Chiropractic Medicine reviewed your case.

The physician reviewer **DISAGREES** with the determination of the insurance carrier in this case. The reviewer is of the opinion that the work hardening program from 10.18.01 through 11.15.01, as well as the FCE on 11.09.01 **was medically necessary**.

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.

We are forwarding herewith a copy of the referenced Medical Case Review with reviewer's name redacted.

Sincerely,

MEDICAL CASE REVIEW

This is for ___. I have reviewed the medical information forwarded to me concerning MDR #M5-02-2460-01, in the area of Chiropractic. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

1. Work hardening notes from 10/18/01 through 11/15/01.
2. FCE reports.
3. Multiple EOB's.
4. Multiple letters from the following doctors and individuals: ____, Accounts Receivable Department, ____, ____.
5. Multiple work hardening notes.

Conspicuously absent are doctors' office notes and x-ray and/or MRI analysis report and/or report from radiologists.

B. BRIEF CLINICAL HISTORY:

The patient was in an automobile crash on or about _____. The patient was hit from the rear. She drives a _____ truck. She sustained a low back injury with hyperflexion-hyperextension (whiplash) injury to the cervical spine. She attended several weeks of work conditioning and several weeks of work hardening. The patient was compliant and was motivated in treatment. The patient missed four office visits, but they were excused. The patient is to engage in medium work activities. She returned to work for eight hours per day instead of the twelve hours that was customary in the holiday season, and could do repetitive lifting of up to 60 pounds. The patient met the criteria of the guidelines, and the adjuster was reading and implementing her own interpretation of the Workmen's Compensation Law. Pre-authorization is only required after four weeks of work conditioning and six weeks of work hardening have been done. The patient was treated for L-3 through L-5 disk bulge (722.1), L-4 and L-5 facet syndrome (724.8), and cervical whiplash (847.0).

C. DISPUTED SERVICES:

Work hardening program from 10/18/01 through 11/15/01 and an FCE on 11/09/01.

D. DECISION:

I DISAGREE WITH THE DETERMINATION OF THE INSURANCE CARRIER IN THIS CASE.

E. RATIONALE OR BASIS FOR DECISION:

I feel that because of the various diagnoses, the work hardening program for the length of time prescribed and performed was essential and medically necessary. I agree that the patient should check back in 90 days for re-evaluation. I believe the FCE on 11/09/01 was also essential and medically necessary. With bulging disks and a

hyperflexion/hyperextension (whiplash) injury to the cervical spine, the patient could have more problems than are documented, and more problems in the future.

F. 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.

I certify that I have no past or present relationship with the patient and no significant past or present relationship with the attending physician. I further certify that there is no professional, familial, financial, or other affiliation, relationship, or interest with the developer or manufacturer of the principal drug, device, procedure, or other treatment being recommended for the patient whose treatment is the subject of this review. Any affiliation that I may have with this insurance carrier, or as a participating provider in this insurance carrier's network, at no time constitutes more than 10% of my gross annual income.

Date: 3 October 2002