

MDR Tracking Number: M5-02-2536-01

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 the MRI rendered was not medically necessary.

Based on review of the disputed issues within the request, the Division has determined that the MRI rendered was the only fee involved in the medical dispute to be resolved. As the treatment was not found to be medically necessary, reimbursement for date of service 8/4/01 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 23rd 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, 7/23/02.

**IRO Certificate #4599**

### **NOTICE OF INDEPENDENT REVIEW DECISION**

July 18, 2002

**Re: IRO Case # M5-02-2536-01**

Texas Worker's 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 Doctor of Chiropractic certified by the State of Texas. 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 treatment was 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:

History

The patient was injured on 7/10/01 while moving furniture.

Requested Service

MRI of the lumbar spine 8/4/01

Decision

I agree with the carrier's decision to deny the requested MRI of 8/4/01

Rationale

TWCC Spine Treatment Guidelines support physical examination and plain X-rays as standards of care during the first eight weeks of treatment. The MRI was ordered about four weeks post-injury. The treating DC's notes state that the patient was "showing great improvement" approximately one week before the MRI was performed. Therefore, the documentation does not support the need for an MRI. Further, the notes show no significant neurological deficit such as severe weakness, bowel or bladder dysfunction directly related to the injury, or any severe sensory impairment. There is no documented clinical rationale for deviation from the TWCC guideline, and no documentation as to why the MRI was ordered. The notes state that the patient was improving, flexibility was improving and pain was decreasing.

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

Sincerely,