

MDR Tracking Number: M5-02-2603-01

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 office visits rendered were not medically necessary.

Based on review of the disputed issues within the request, the Division has determined that office visits fees were the only fees involved in the medical dispute to be resolved. As the treatment, (office visits) was not found to be medically necessary, reimbursement for dates of service from 5/25/01 through 3/8/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 28th day of October 2002.

Carol R. Lawrence  
Medical Dispute Resolution Officer  
Medical Review Division

CRL/crl

#### NOTICE OF INDEPENDENT REVIEW DECISION

October 21, 2002

Rosalinda Lopez  
Program Administrator  
Medical Review Division  
Texas Workers Compensation Commission  
4000 South IH-35, MS 48  
Austin, TX 78704-7491

RE:   IMDR Tracking #:           M5-02-2603-01  
      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 37 year old female sustained a work related injury on \_\_\_ when she was lifting the oil filter on a pressure fryer and felt a pop in her neck which resulted in pain in her neck and left shoulder. A cervical MRI performed on 12/11/00 revealed disc protrusions from C3 to C7. An EMG revealed a C7 nerve root irritation with some C6 irritation. A cervical discogram revealed C6-7 abnormal appearance, symptomatic discogram and C4-5 normal discogram with concordant pain provocation. The patient received chiropractic care from 05/25/01 to 03/08/02.

### Requested Service(s)

Chiropractic office visits from 05/25/01 through 03/08/02.

### Decision

It is determined that the chiropractic office visits from 05/25/01 through 03/08/02 were not medically necessary to treat this patient's condition.

### Rationale/Basis for Decision

The care represented in the documentation appears to be palliative and does not appear to have provided any significant relief of symptomatology. Subjective pain levels varied from moderate to severe with no observed sustained relief. There is no established objective rationale within the documentation to substantiate the need for a protracted course of care such as is represented in the documentation. There is no documentation of comparative objective testing such as muscle testing or range of motion values that establish an appropriate response to the care being provided. Therefore, it is determined that the chiropractic visits from 05/25/01 through 03/08/02 were not medically necessary.

Sincerely,