

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

SOAH DOCKET NO. 453-03-2570.M5

MDR Tracking Number: M5-02-2644-01

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 and office visits were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Division has determined that work hardening and office visit fees 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 7/23/01 to 8/15/01 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 14th day of February 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

February 4, 2003

Re: Medical Dispute Resolution
MDR #: M5.02.2644.01
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. This case was reviewed by a physician who is certified in Chiropractic Medicine.

Clinical History:

This female claimant injured her cervical and lumbar regions while on her job on _____. She suffered cervical disc displacement, lumbar disc displacement, sprain/strain of the cervical region, and a dorsal root injury.

Disputed Services:

Office visits and work hardening from 07/23/01 through 08/15/01.

Decision:

The reviewer agrees with the determination of the insurance carrier. The reviewer is of the opinion that the treatment in question was not medically necessary in this case.

Rationale for Decision:

It is common practice among rehabilitation professionals for baseline data to be gathered to warrant the introduction of therapeutic trials, especially work hardening. No such data was provided. Also, no evidence of any psychosocial deficits or functional deficits was presented to warrant progression into this tier of rehabilitative services.

The *Clinical Practice Guidelines for Chronic Non-Malignant Pain Syndrome Patients II: An Evidence-Based Approach*, published in the Journal of Back Musculoskeletal Rehabilitation in 1999, show that if a patient is accepted for treatment, a physical function evaluation should be completed and include active/passive range of motion, muscle strength, stamina assessment, and an activities of daily living evaluation. No such criteria were presented in this case.

Also, the Overview of Implementation of Outcome Assessment, Case Management, and Clinical Practice, published by the Washington State Chiropractic Association in 2001, states that chiropractors must be able to determine when care is clinically necessary, when care is leading to progress, and when the patient has failed to continue to respond to a particular treatment plan. No such criteria were presented in this case.

I am the Secretary and General Counsel of _____ and 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.

Sincerely,