

M5-02-2757-01

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 chiropractic treatment (including office visits and therapies) rendered was not medically necessary.

Based on review of the disputed issues within the request, the Division has determined that chiropractic treatment (including office visits and therapies) fees were the only fees involved in the medical dispute to be resolved. As the treatment, (chiropractic treatment, including office visits and therapies) was not found to be medically necessary, reimbursement for dates of service from 3/12/02 through 4/3/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 22nd day of, November 2002.

Medical Dispute Resolution Officer
Medical Review Division

Enclosure: IRO decision

NOTICE OF INDEPENDENT REVIEW DECISION

September 12, 2002

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

RE: Injured Worker:
MDR Tracking #: M5-02-2757-01
IRO Certificate #:

The _____ 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. ___'s 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 male sustained a work related injury on _____ when he was lifting a steel door jam that weighed between 300 and 500 pounds. The patient presented to his treating chiropractor on 02/04/02 with complaints of neck stiffness, neck pain, and low back pain. Cervical spine range of motion values were mildly restricted except in the left and right rotation that were within normal limits. Lumbar flexion and extension values were moderately restricted while lateral flexion values were slightly restricted. Several orthopedic tests were noted as positive. The patient was diagnosed with cervical and lumbar sprain/strain with muscle spasm. Treatment was initiated including mainly passive therapies. Additionally, the patient was taken completely off of his work duty. Additional range of motion studies were administered on 02/21/02, that indicated a slight improvement in range of motion and the orthopedic tests remained positive. A re-examination was performed on 03/08/02. Cervical range of motion values were listed as normal or near normal. Lumbar range of motion had worsened as of this date. Subjective pain levels were reported to be 4/10 in the neck and low back. Other than some lingering positive orthopedic testing, other objective signs and tests appeared to be within normal limits. An MRI was obtained on 03/27/02, which indicated a 5-6 protrusion or post discectomy defect, which abutted the thecal sac at L5 nerve root sleeve. Further testing was recommended to differentiate between post-discectomy findings and traumatic protrusion. An electromyographic and nerve conduction velocity study (EMG/NCV) was obtained on 04/08/02, which suggested lumbar radiculopathy involving the L5 and S1 nerve roots bilaterally. A follow-up MRI of the lumbar spine was obtained on 04/22/02, which suggested a post-discectomy defect at L4/L5 and a protrusion

at L5/S1, however, it was still not conclusive whether this was a foramotomy sequelae or a herniation. An orthopedic consultation was obtained on 05/28/02, which suggested that there was no radiculopathy but instead the impression was lumbar radicular syndrome. This consultant further suggested that this patient was stable and not a surgical candidate. Ranges of motion were further decreased from previous examinations.

Requested Service(s)

The following services provided from 03/18/02 through 04/03/02:

97250 – Manual therapy

97110 – Therapeutic exercises

97014 – Electrical stimulation

99213 – MP – Office visits for an established patient

Decision

It is determined that the following services provided from 03/18/02 through 04/03/02 were not medically necessary to treat this patient's condition:

97250 – Manual therapy

97110 – Therapeutic exercises

97014 – Electrical stimulation

99213 – MP – Office visits for an established patient

Rationale/Basis for Decision

Beginning on or before 03/18/02, objective testing indicated either little or no change or regression of objective findings. This is particularly evidenced by range of motion findings. Subjective pain levels began to increase on or before this time as well. It would have been appropriate to end chiropractic care due to lack of significant change and to have made a referral as indicated by the patient's symptoms. Therefore, the services provided from 03/18/02 through 04/03/02 were not medically necessary.

Sincerely,