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

SOAH DOCKET NO. 453-03-1485.M5

MDR Tracking Number: M5-02-2946-01

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 respondent prevailed** on the issues of medical necessity. Therefore in accordance with §133.308(q)(9), the Commission hereby **Declines to Order** the respondent to reimburse the **requestor** 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 disputed office visits and physical therapy were found to **not** be medically necessary. The respondent raised no other reasons for denying reimbursement for these services.

This Decision is applicable to dates of service 1/31/02 through 4/11/02 in this dispute.

This Decision is hereby issued this 1st day of November 2002.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

NLB/nlb

October 24, 2002

Re: Medical Dispute Resolution
MDR #: M5.02.2946.01
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 male injured his low back on ___. He underwent two low back surgeries and rehabilitative physical therapy. Treatment continues to consist of chiropractic manipulation along with passive physical therapy modalities and in-office exercises. The patient reports continued back and leg pain with only temporary symptomatic improvement.

Disputed Services:
Office visits and physical therapy during the period 01/31/02 through 04/11/02.

Decision:
The reviewer agrees with the determination of the insurance carrier. The reviewer is of the opinion that the above-named services are not medically necessary in this case.

Rationale for Decision:
This patient is in chronic pain and at maximum medical improvement with impairments. He has undergone multi-disciplinary active care, behavior modification and rehabilitation. Based upon history, the reviewer feels it is an unrealistic, unattainable goal of care to attempt to bring this patient to no pain. Treatment should be aimed at exacerbations that would not normally resolve on their own. The patient has been taught self-help exercises and has a transcutaneous electrical nerve stimulator that may be utilized at home for mild irritations.

The protocol utilized for continuing care does not meet the *Mercy Center Conference Guidelines* of Chapter 8. Usually, care for exacerbations do not last beyond three to four weeks. The reviewer does not feel that the documentation supports an exacerbation or objective finding that would require treatment for the dates in dispute.

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.

Sincerely,