

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

SOAH DOCKET NO. 453-03-2854.M5

MDR Tracking Number: M5-02-2993-01

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 Chiropractic treatment including office visits and therapy was 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 Chiropractic treatment including office visit and therapy 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 7/26/01 to 11/13/01 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 10th day of, March 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

January 29, 2003

Re: IRO Case # M5-02-2993

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 IROs, 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 who is licensed 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 determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient injured her neck in ___ when she picked up a bag weighing 35 to 40 pounds, while bending and lifting from the floor to a table. She received chiropractic care for neck pain, headaches, upper back pain and numbness/tingling in her right arm.

Requested Service

Chiropractic treatment 7/26/01 through 11/13/01

Decision

I agree with the carrier's decision to deny the requested treatment.

Rationale

The documentation presented for review does not support the need for continued chiropractic treatment on an as needed basis. The documentation is vague and consistently limited to only subjective complaints of pain. Specific clinical objective findings such as orthopedic/neurological tests, range of motion, deep tendon reflexes, motor and sensory testing and muscle strength tests, and graded palpatory findings should have been performed and documented to determine the need for and type of treatment necessary to better help the patient, and to support the need for continued treatment. It appears that the treatment has continued on an average of three visits per month during the disputed time frame. The last treatment was almost three years post injury without any indication of further significant improvement. At no time during the treatment process was a strength/conditioning program or any form of exercise program established to help improve the patient's condition and therefore decrease the frequency of the patient's treatment if not totally eliminate the need for further chiropractic care. The patient's condition appears to have plateaued and a home-based exercise program is advisable.

The necessity for the treatment for the dates in dispute is not supported by the documentation presented.

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

Sincerely,
