

MDR Tracking Number: M5-02-3020-01

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 requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(q)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

This Decision is hereby issued this 3rd day of January 2003.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

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 physical therapy and office visits were found to be medically necessary. The respondent raised no other reasons for denying reimbursement.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 3/4/02 through 4/29/02.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 3rd day of January 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/nlb

December 9, 2002

Rosalinda Lopez
Texas Workers' Compensation Commission
Medical Dispute Resolution
Fax: (512) 804-4868

Re: Medical Dispute Resolution
MDR #: M5-02-3020
IRO Certificate No.: IRO 5055

Dear Ms. Lopez:

___ 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 slipped while on her job on ___, landing on her right low back, hip and shoulder area. Lumbar MRI performed on 02/25/02, revealed L4-L5 degenerative changes in the facet joints; and cervical MRI imaging reveals mild bilateral facet degenerative changes at C4-5 and C5-6. A conservative approach was taken and more aggressive physical therapy with a focus on spinal stabilizer muscles and extension protocols. An FCE was performed on 04/16/02 that showed manual materials handling, patho-mechanics and functional deficits.

Disputed Services:

Physical therapy and office visits from 03/04/02 through 04/29/02.

Decision:

The reviewer disagrees with the determination of the insurance carrier. The reviewer is of the opinion that the treatment in question was medically necessary in this case.

Rationale for Decision:

The patient's injuries warrant treatment through a multi-disciplinary dynamic. The treating provider has generated appropriate referrals to demonstrate medical necessity of the therapeutic applications from 03/04/02 through 04/29/02. The FCE on 04/16/02 shows functional deficits and lifting patho-mechanics. It is the opinion of the reviewer that the patient was being progressed through an active rehabilitation trial to move into a return-to-work focus program.

The Clinical Practice Guidelines for Chronic Non-Malignant Pain Syndrome Patients: An Evidence-Based Approach, published in 1999, shows that research literature continues to clearly demonstrate that chronic non-malignant pain syndromes are best treated integrated interdisciplinary programs. In addition, the *Guidelines* state that passive therapies and methods must be time limited and these applications can be utilized effectively in a secondary supportive role to facilitate the patient's ability to increase fitness, strength and range/flexibility of motion.

The treating doctor has shown medical necessity for the treatment applications rendered from 03/04/02 through 04/29/02. Further, return-to-work therapeutic applications should be explored if the patient qualifies for their initiation.

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,