

MDR Tracking Number: M5-02-3090-01

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 requestor submitted a medical dispute resolution request on 6/24/02. The disputed dates of service **6/11/01** through **6/22/01** are **not within the one year** jurisdiction in accordance with Rule 133.308(e)(1) and will be excluded from this Finding and Decision.

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 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 work hardening 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 7/2/01 to 7/13/01** 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

December 19, 2002

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-02-3090-01

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). ___ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ___ for independent review in accordance with this Rule.

___ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing chiropractor on ___ external review panel. ___ chiropractor reviewer signed a statement certifying that no known conflicts of interest exist between this chiropractor and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ___ for independent review. In addition, ___ chiropractor reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 22 year-old female who sustained a work related injury on ___. The patient reports that she works as a order filler and that on ___ while at work she was "walking a forklift" when she was hit by a "cherry picker" injuring her lower back. The patient underwent an MRI of the lumbar spine. She was treated with active and passive therapy.

Requested Services

Work Hardening from 7/2/01 through 7/13/01.

Decision

The Carrier's denial of coverage for these services is upheld.

Rationale/Basis for Decision

___ chiropractor reviewer indicated that after reviewing the medical records provided, the patient sustained a work related injury to her lower back on ___. ___ chiropractor reviewer also indicated that the patient's diagnosis was a lumbar sprain/strain and that the patient was treated with chiropractic care. ___ chiropractor reviewer explained that the patient reported a pain rating of 1/10 on 6/20/01. ___ chiropractor reviewer also explained that a pain rating of 1/10 is not an indicator of medical necessity for a continuation of a work hardening program. ___ chiropractor reviewer further explained that 6-8 weeks of care after the original injury in a non-complicated lumbar sprain/strain is the accepted standard of care. ___ chiropractor reviewer noted that the medical records provided showed no documentation of improvement with the initial chiropractic care previously rendered. Therefore, ___ chiropractor consultant concluded that the work hardening from 7/2/01 through 7/13/01 was not medically necessary to treat this patient's condition.

Sincerely,