

MDR Tracking Number: M5-02-3152-01

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 office visits with manipulations, therapeutic exercises, gait training therapy and neuromuscular re-education were 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 office visits with manipulations, therapeutic exercises, gait training therapy and neuromuscular re-education 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 3/18/02 to 5/13/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 6th day of December 2002.

Noel L. Beavers  
Medical Dispute Resolution Officer  
Medical Review Division

NLB/nlb

#### NOTICE OF INDEPENDENT REVIEW DECISION

November 21, 2002

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

RE: MDR Tracking #: M5-02-3152-01  
IRO Certificate #: 4326

\_\_\_ 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. \_\_\_ 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 33 year old female sustained a work related injury on \_\_\_ when she was lifting a 50-pound sack of onions and felt pain in her low back. An MRI of the lumbar spine dated 03/18/02 revealed a posterior central radial annular tear with posterior focal central disc protrusion at L5/S1. A CT scan of the lumbar spine dated 08/07/02 revealed a large posterior annular tear at L5-S1. The patient has been under the care of a chiropractor and from 03/18/02 through 05/13/02, she received office visits with manipulations, therapeutic exercises, gait training therapy, and neuromuscular re-education.

### Requested Service(s)

Office visits with manipulations, therapeutic exercises, gait training therapy, and neuromuscular re-education from 03/18/02 through 05/13/02.

### Decision

It is determined that the office visits with manipulations, therapeutic exercises, gait training therapy, and neuromuscular re-education from 03/18/02 through 05/13/02 were not medically necessary to treat this patient's condition.

### Rationale/Basis for Decision

This provider fails to meet nationally accepted guideline criteria for documentation of services provided which include: quantitative and qualitative measures of patient's baselines of function, documentation of time for services utilized, and providing a clinical necessity of care. According to the Washington State Chiropractic Association, in their 2001 Overview of Implementation of Outcome Assessment Case Management in The Clinical Practice Guideline Styles: "Chiropractors must be able to determine when care is clinically necessary, when care is leading to progress, and when the patient has failed to continue to respond to a particular treatment plan".

Based on the medical record documentation, the patient's overall status remained unchanged. The patient began treatment with a 4 out of 10 pain intensity and ended treatment with a 4 out of 10 pain intensity. There was no other functional data collected to compare to baseline function prior to program initiation. The medical record documentation did not contain quantitative and qualitative clinical documentation to substantiate the necessity for any treatment application. Therefore, the office visits with manipulations, therapeutic exercises, gait training therapy, and neuromuscular re-education from 03/18/02 through 05/13/02 were not medically necessary.

Sincerely,