

MDR Tracking Number: M5-02-3157-01

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.

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 chiropractic treatment was found to be medically necessary. The respondent raised no other reasons for denying reimbursement.

This Finding and Decision is hereby issued this 30th day of January 2003.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

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 5/10/02.

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 30th day of January 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/nlb

January 14, 2003

Texas Workers' Compensation Commission
Medical Dispute Resolution
4000 South IH-35, MS 48
Austin, TX 78704-7491

Re: Medical Dispute Resolution
MDR#: M5-02-3157-01
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 Board Certified in Chiropractic medicine.

Clinical History:

This 42-year-old male claimant suffered immediate, sharp and severe pain in his lower back when he was injured on his job on ___. MRI on 04/26/02 revealed disc desiccation at L4-5 and L5-S1, a 5.0 mm disc protrusion in the right paracentral L4-5 (flattening the thecal sac and suspected compression of the right L-5 nerve root), and a 2.0 mm disc protrusion centrally at L5-S1. No neurodiagnostic records were available for review. An orthopedic referral on 05/07/02 indicates a severe strain/sprain/post-traumatic myositis, and a lumbar spine herniated nucleus pulposus with probable annular fissuring, multi-level.

Disputed Services:

Chiropractic treatments from 03/04/02 through 05/10/02.

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:

It is customary practice to proceed with a 6-8 week trial of care. Given the severity and mechanism of the patient's injury, the care rendered by the treating doctor represents medically necessary therapeutic applications and illustrates compliance with numerous clinical practice guidelines that include:

1. *Low Back Pain or Sciatica in the Primary Care Setting*, published in 1999.
2. *Herniated Disc, North American Spine Society Phase III Clinical Guidelines for Multidisciplinary Spine Care Specialists*, published in 2000.
3. *Adult Low Back Pain Clinical Guidelines*, published in 1994 and revised in 2001.

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 who reviewed this case for determination prior to referral to the Independent Review Organization.

Sincerely,