

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 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 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 5/6/02 to 6/5/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 19<sup>th</sup> day of May 2003.

Noel L. Beavers  
Medical Dispute Resolution Officer  
Medical Review Division  
NLB/nlb

#### NOTICE OF INDEPENDENT REVIEW DECISION

Date: May 13, 2003

RE: MDR Tracking #: M5-02-3158-01  
IRO Certificate #: 5242

\_\_\_ 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 proposed 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 Chiropractic physician reviewer. The Chiropractic physician reviewer 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

It appears the claimant suffered alleged low back lifting strain injury during the normal course and scope of his employment on \_\_\_\_\_. It appears from a peer review that was submitted that the claimant continued to work for about 3 months and then sought medical care due to continued low back pain. It appears the claimant underwent approximately 4 months of chiropractic care under the direction of the chiropractor and the claimant was eventually placed at 6% whole body impairment rating and maximum medical improvement as of 10/17/00 through the designated doctor process. The treating chiropractor, agreed with the maximum medical improvement date and the impairment rating. Again, this was all documented via a peer review. There appears to be no, or very little, objective documentation submitted by the chiropractor as part of this IRO decision. It appears the insurance carrier has been denying payment based on the peer review, which was completed, I believe, in September 2001. A few of the daily notes from the dates in question of 5/6/02 through 6/5/02 were reviewed. The notes were handwritten therefore difficult to decipher; however, the claimant appears to be having at this time left hip pain and pain that is worse with prolonged sitting and driving. Multiple reconsiderations for payment were submitted by the chiropractor; however, there has been no rationale provided with his reconsiderations to support the relatedness of the services in question to the injury of \_\_\_\_\_.

### Requested Service(s)

The medical necessity of chiropractic treatment from 5/6/02 through 6/5/02.

### Decision

I agree with the insurance carrier that the services in question from 5/6/02 through 6/5/02 were not reasonable or medically necessary.

### Rationale/Basis for Decision

Section 408.021 of the Act defines what is considered to be medically necessary for treatment of a workers' compensation injury, and it clearly states that, "The employee is specifically entitled to health care that cures or relieves the effects *naturally resulting from the compensable injury*, promotes recovery, or enhances the ability of the employee to return to or retain employment." There is nothing in the documentation to suggest that the claimant's current signs and symptoms as of 5/6/02 through 6/5/02 were related to the compensable lumbar sprain/strain injury of \_\_\_\_\_. The documentation provided for review revealed the claimant suffered a lumbar sprain/ strain injury that resolved to maximum medical improvement status as of 10/17/00, after the claimant underwent about 4 months of chiropractic treatment. Given that the compensable diagnosis was listed to be lumbar sprain/strain, then 4 months of treatment would actually be considered to be beyond the recommended treatment for treatment of a lumbar sprain/strain injury according to the Official Disability Guidelines. It is unrealistic and not within medical probability or reasoning to attribute every subsequent bout of low back pain following an injury to a one time lumbar sprain/ strain injury event. The documentation reveals the claimant has received sufficient treatment for the injury prior to October 2000 when he was placed at maximum

medical improvement and he has reached maximum medical improvement. The Chiropractor reportedly agreed with the impairment rating and the maximum medical improvement date decision.

There is absolutely no documentation that links the claimant's current signs and symptoms as of May through June 2002 to the compensable event of \_\_\_\_\_. It was documented in the chiropractic documentation of May through June 2002 that the claimant had increased pain with sitting. This would generally imply that the claimant had a discogenic pain and perhaps a disc annular tear; however, there is no rationale or documentation to support that a disc annular tear was related to the \_\_\_\_\_ injury or naturally occurred from the \_\_\_\_\_ injury. Often times the treating chiropractor utilizes the Texas Labor Code in an effort to rationale his future care. The Texas Labor Code essentially states treatment for palliative reasons is considered reasonable and medically necessary; however, it would depend on the nature of the injury and the relatedness of the current signs and symptoms to the injury, neither of which has been established in this case. The nature of the injury was sprain/strain and it is well known in the medical documentation that these types of injuries do resolve within 90 days and, as far as relatedness issues go, there is no documentation to suggest that the current signs and symptoms as of May of June 2002 were remotely related to the \_\_\_\_\_ compensable event. The chiropractor has also submitted multiple reconsiderations for payment; however, has not provided a documented rationale for why or how the services in question were even related to the injury of \_\_\_\_\_.