

MDR Tracking Number: M5-02-3161-01

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 did not prevail** on the issues of medical necessity. Therefore, in accordance with §133.308(q)(9), the Commission **Declines to Order** the respondent to refund the requestor for the paid IRO fee.

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 office visits with manipulations were found to not be medically necessary. The respondent raised no other reasons for denying reimbursement.

This Order is hereby issued this 31st day of January 2003.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

NLB/nlb

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

January 28, 2003

Re: IRO Case # M5-02-3161

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___

received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a Doctor of Chiropractic who is licensed by the State of Texas. He or she has signed a certification statement attesting 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 referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient was injured on ___ when the vehicle he was driving was hit from behind, pushed into a retaining wall and hit again from the right side. He was taken to the ER and given pain medication. Chiropractic treatment was initiated 8/20/01. He continued to receive periodic treatment for flare ups.

Requested Service

Chiropractic treatment 4/20/02 through 7/3/02

Decision

I agree with the carrier's decision to deny the requested treatment.

Rationale

The documentation submitted for this review does not support the need for treatment several months post injury. Sprain/strain injuries should resolve within eight to twelve weeks. The doctor's daily notes were difficult to understand as they were very limited and illegible. Subjective complaints, objective findings, treatment protocol and response to treatment notes were very limited. It appears that the patient initially responded very well and then plateaued in a diminished condition of cervical pain with movement. The diagnosis in the impairment evaluation appears to be more appropriate and specific than the diagnosis of the treating doctor. The documentation provided fails to support a diagnosis of neuralgia, neuritis or radiculitis. The impairment evaluation documentation supports the diagnosis of thoracic and cervical sprain leading to cervical facet syndrome, myofascial syndrome and cervical disk degeneration. Proper treatment and a specific in-home strength and conditioning program should have resolved the patient's symptoms within eight to twelve weeks of injury. All treatment past 11/10/01 was unnecessary based on the documentation presented.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

Sincerely,