

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.

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 office visits, ultrasound, therapeutic procedures, myofascial release, hot and cold packs and psychiatric evaluation were found to be medically necessary. The respondent raised no other reasons for denying reimbursement.

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 3/6/02 through 3/25/02 in this dispute.

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 7th of November 2002.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

NLB/nlb

October 10, 2002

David Martinez
TWCC Medical Dispute Resolution
4000 IH 35 South, MS 48
Austin, TX 78704

MDR Tracking #: M5-02-3167-01
IRO #: 5251

___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this 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 care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Doctor of Chiropractic. The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors 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 the dispute.

CLINICAL HISTORY

___ injured his low back on ___. He was employed as a truck driver and had bent over to tighten a strap on the bed of his truck when he experienced severe low back pain. He had undergone several treatments which have included chiropractic care, prescription medication, epidural steroid injections, and it was suggested that the patient needed spinal surgery. MRI studies demonstrated abnormal at the L3/L4, L4/L5, and L5/S1 discs. The patient declined spinal surgery and elected to undergo manipulation under anesthesia (MUA). The treating doctor stated that the carrier paid for 4 post-MUA visits and did not pay for 5 additional visits plus a psychological interview.

DISPUTED SERVICES

Office visits, ultrasound, therapeutic procedures, myofascial release and hot/cold packs from March 6, 2002 to March 25, 2002; also, medical necessity of a psychological evaluation on March 18, 2002.

DECISION

The reviewer disagrees with the previous adverse determination.

BASIS FOR THE DECISION

Utilizing the Texas Chiropractic College Post Graduate Division Protocols for Manipulation under Anesthesia, it is both reasonable and necessary for the patient's post MUA office visits of spinal manipulation and physical therapy on 3/6/2002, 3/13/2002, 3/21/2002 and 3/25/2002. There is also a documented history of depression from the treatment notes of ___ and it was appropriate for the patient to have a psychological interview.

As an officer of ___, I certify that there is no known conflict between the reviewer, ___ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

___ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,