MDR Tracking Number: M5-03-0079-01

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 office visits including manipulations, mechanical traction, ultrasound, electrical stimulation, myofascial release, neuromuscular reeducation, and therapeutic procedures 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 including manipulations, mechanical traction, ultrasound, electrical stimulation, myofascial release, neuromuscular reeducation, and therapeutic procedure 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 2/15/02 to 3/29/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 10th day of March 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

December 12, 2002

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-03-0079-01

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ___ for independent review in accordance with this Rule.

___ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing and licensed chiropractor on ___ external review panel. ___ chiropractor reviewer signed a statement certifying that no know conflicts of interest exist between this chiropractor and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ___ for independent review. In addition, ___ chiropractor reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 47 year-old male who sustained the work related injury on ___. He has been diagnosed with sacroiliitis, lumbar vertebral syndrome, disorders of the sacrum, spasm of muscle, spinal myalgia, facet joint neuritis, herniated disc, lumbar radiculpathy, lumbar sprain/strain and neck sprain/strain. Treatment included passive and active therapy, epidural steroid injections, work hardening and medications. He underwent manipulation under anesthesia on 2/11/02, 2/12/02 and 2/13/02.

Requested Services

Mechanical traction, ultrasound, electrical stimulation, manipulation, myofascial release, neuromuscular reeducation, office visits, and therapeutic procedures from 2/15/02 to 3/29/02, which were denied as unnecessary medical treatment with peer review.

Decision

The Carrier's denial of coverage for these services is upheld.

Rationale/Basis for Decision

___ chiropractor reviewer indicated that the available records do not document that a complete physical examination of this patient's condition was performed by his chiropractor on 2/15/02. ___ chiropractor reviewer explained that the available records do not document changes in the patient's condition from visit to visit during the period at issue by reporting changes in his pain level or other symptoms. ___ chiropractor reviewer also indicated that notes from subsequent office visits are not specific, and do not include updated assessments or treatment plans. Therefore, ___ chiropractor reviewer concluded that these services were not medically necessary for treatment of the patient's condition.

Sincerely,