

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 majority of 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 \$650.00** 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 DME chair support, seat cushion and electrode belt were found to be medically necessary. The body jacket, leg spacer, mattress pad, knee elevator and aloe liniment were not found medically necessary. The respondent raised no other reasons for denying reimbursement for these DME charges.

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 11/8/01 through 2/5/02 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 29th day of January 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

December 9, 2002

Re: IRO Case # M5-02-3226

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 physician who is board certified in Physical Medicine and Rehabilitation. 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 is a 20-year-old female who tripped over a cord and landed on her buttocks. She reported low back pain radiating down both legs, greater on the left. She denied loss of bladder control. The pain typically doesn't go below the knee. She was treated with chiropractic treatment and passive modalities. An MRI of the lumbar spine on 11/9/01 was read as "essentially normal." The patient was seen for a neurological evaluation 12/14/01. EMG/NCS of the lower extremities were performed, and the patient was diagnosed with lumbar radiculopathy involving acute changes of the L4, L5, S1 roots bilaterally. She was also diagnosed with a herniated L4-5 disk with an annular tear. A lower extremity evoked potential study was negative for any abnormalities. A Designated Doctor Exam was performed 3/20/02 and the patient was found to be at MMI with a 5% impairment rating.

Requested Service

Body jacket, chair support, seat cushion, leg spacer, mattress pad, knee elevator, electrode belt, aloe liniment

Decision

I agree with the carrier's decision to deny the requested body jacket, leg spacer, mattress pad, knee elevator and aloe liniment

I disagree with the carrier's decision to deny the requested chair support, seat cushion and electrode belt.

Rationale

The patient injured her back when she fell. She was treated with extensive chiropractic manipulation and passive modalities. She was eventually seen by a neurologist who disagreed with the reading of her lumbar MRI as normal. His impression was probable herniated disk with annular tear and intradiscal leak at L4-5. EMG/NCS were positive for bilateral L4, L5, S1 radiculopathy. The patient experienced pain with activity. None of the documentation provided for this review indicated that the patient was ever treated with active physical therapy in the form of therapeutic or range of motion exercises. There is also no documentation that the patient had pain while sleeping or lying down. In fact, recumbency is reported as alleviating the patient's pain. There is no scientific evidence that topical aloe vera application has any proven benefit.

The electrode belt is very helpful to use with an electrical stimulation unit. It allows the patient to properly place the electrodes in the appropriate place for optimal use. Patient's don't always have someone who can help with this task. The lumbar support and seat cushion are appropriate since the patient continues to have lumbosacral and sacroiliac joint pain with prolonged sitting.

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

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing. A request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3). This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to: Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P O Box 40669, Austin, TX 78704-0012. A copy of this decision should be attached to the request.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

Sincerely,
