

**THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

**SOAH DOCKET NO. 453-03-1539.M5**

MDR Tracking Number: M5-02-3272-01

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 the chiropractic treatment (including office visits, reports, physical therapy and team conference) rendered was not medically necessary.

Based on review of the disputed issues within the request, the Division has determined that chiropractic treatment (including office visits, reports, physical therapy and team conference fees were the only fees involved in the medical dispute to be resolved. As the treatment, (chiropractic treatment - including office visits, reports, physical therapy and team conference) was not found to be medically necessary, reimbursement for dates of service from 8/21/01 through 12/12/01 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 20th day of November 2002.

Carol R. Lawrence  
Medical Dispute Resolution Officer  
Medical Review Division

CRL/crl

November 14, 2002

**NOTICE OF INDEPENDENT REVIEW DECISION**

**RE: MDR Tracking #: M5-02-3272-01**

\_\_\_ 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 known conflicts of interest exist between this physician 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 61 year-old male who sustained a work related injury to his neck, mid-back and low back during a motor vehicle accident on \_\_\_\_. He has been diagnosed with cervical radiculoneuropathies resulting in myofascitis and associated with muscle spasms, muscle weakness, motion deficits, intersegmental joint dysfunction, with complicated by left posterior central disc herniation at C4-5, C5-5 and C6-7 and 50% narrowing of the C5 neural foramina due to the disc herniation. He also has been diagnosed with lumbar radiculoneuropathies resulting in myofascitis, and associated with muscle spasms, muscle weakness, intersegmental joint dysfunction, and complicated by posterior L3-4 disc bulging, disc herniation at L4-5 and L5-S1 and rostralcaudal subluxation at the L4-S1 neural foramina. Treatment has included spinal manipulation, physical therapy, home exercises, 3 epidural steroid injections and pain medications.

### Requested Services

Office visits, reports, physical therapy and team conferences denied as being medically unnecessary from 8/21/01 through 12/12/01.

### Decision

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

### Rationale/Basis for Decision

\_\_\_ chiropractor reviewer explained that there is no quantitative objective evidence in the records provided in the case file that shows improvement of the injured employee's condition during the period at issue in this appeal. \_\_\_ chiropractor reviewer noted that he had already been treated for 4 years. \_\_\_ chiropractor reviewer also indicated that there were no recommendations for referrals or consideration of other types of treatment. \_\_\_ chiropractor consultant also indicated that there was no suggestion of stopping care for a period of time to see how he would respond without treatment. \_\_\_ chiropractor consultant explained that although there was some relief with epidural steroid injections, there is no evidence of significant relief in the chiropractic treatment records from 8/8/01 to 1/18/02. \_\_\_ chiropractor consultant further explained that there is no objective evidence that supports the continuation of care during this period. Therefore, \_\_\_ chiropractor consultant concluded that these services were not medically necessary for treatment of the patient's condition.

Sincerely,