

MDR Tracking Number: M5-03-1567-01

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 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. 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 chiropractic treatment was found to be medically necessary. The respondent raised no other reasons for denying reimbursement of the chiropractic treatments.

This Decision is hereby issued this 13th day of June 2003.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division

MQO/mqo

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 2/25/02 through 5/8/02.

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 13th day of June 2003.

David R. Martinez, Manager
Medical Dispute Resolution
Medical Review Division

MQO/drm

NOTICE OF INDEPENDENT REVIEW DECISION

June 4, 2003

Rosalinda Lopez
Program Administrator
Medical Review Division
Texas Workers Compensation Commission
4000 South IH-35, MS 48
Austin, TX 78704-7491

RE: MDR Tracking #: M5-03-1567-01
IRO Certificate #: IRO4326

The ___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced 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 rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. ___'s health care professional has signed a certification statement stating 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 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 this case.

Clinical History

This patient was injured on ___ when he slipped on some mud, hit his back on a cement step, and then fell into a hole, hitting his mid back and thoracic region. He has gone through physical therapy, epidural steroid injection series, and numerous medications. The patient eventually had surgery on 07/09/01. He did well for many months when his pain returned and he was referred to a pain management specialist.

Requested Service(s)

Chiropractic treatments rendered from 02/25/02 to 05/08/02

Decision

It is determined that the chiropractic treatments rendered from 02/25/02 through 05/08/02 were medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The patient initially had an uneventful post operative course. The follow-up with his physician on 11/12/01 showed that his fusion was progressing nicely and the hardware was in good position. The surgeon felt that it was time to start therapy and an aquatic program was initiated followed by land-based physical therapy. The physical therapy re-evaluation dated 02/08/02 revealed no appreciable change in the patient's condition. The patient's pain complaints continued and lumbar ranges of motion were substantially diminished. By the re-evaluation on 03/06/02, the patient reported feeling better and lumbar ranges of motion increased. On 03/20/02, the patient complained of more stiffness but that the rehabilitation exercises were helping him more in activities of daily living at home.

The treatments rendered from 02/25/02 through 05/08/02 were in accordance with the recommendations of the patient's spinal surgeon. The medical record reviewed provided adequate documentation concerning the medical necessity of the care administered. Therefore, it is determined that the chiropractic treatments rendered from 02/25/02 through 05/08/02 were medically necessary.

Sincerely,