

MDR Tracking Number: M5-03-2191-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General 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. This dispute was received on 05-05-03.

The IRO reviewed chiropractic service (manipulation 97260) rendered from 03-05-03 through 04-23-03 that were denied based upon "U".

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity for chiropractic services. Consequently, the requestor is not owed a refund of the paid IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 07-15-03, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice. Relevant information was not submitted by the requestor in accordance with Rule 133.309 (g)(3) to confirm delivery of service for the fee component for dates of service 11-12-02 through 01-13-03. Therefore reimbursement is not recommended.

This Decision is hereby issued this 16th day of March 2004.

Georgina Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

July 3, 2003

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IRO Certificate No.: 5259

An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

CLINICAL HISTORY

Based on available information, it appears that this patient reports a back injury related to lifting at work on _____. The patient presents to his chiropractor on or about 10/21/02 with persisting back pain radiating into his left hip and leg. X-rays are reported to show disc space narrowing and subluxation at L5-S1 segments. The patient is diagnosed with lumbar disc disease with myelopathy as well as spinal stenosis. No medical consultation or advanced imaging such as MRI/CT is ordered or obtained at this time. No objective evidence of this diagnosis is provided. The patient is prescribed 12 visits consisting of multiple passive modalities and chiropractic adjustments. A thoracic, lumbar, and SI ultrasound study is performed 11/12/02 suggesting facet joint and SI joint inflammation only. Neurodiagnostic studies obtained this day are found essentially normal. Chiropractic care and physical therapy appears to continue at varying frequencies well beyond the 12th without comprehensive reexamination being obtained. There is an MRI that is finally obtained 12/16/02 suggesting small central disc protrusions and mild bulging at L3 thru SI segments. No significant discopathy or canal stenosis is noted. A designated doctor evaluation appears to have been ordered on 03/07/03 but no report of this evaluation is provided for review. A chiropractic progress note dated 03/07/03 suggests that exacerbation is experienced as a result of rehab program, however, no specific assessment of these exacerbated conditions are provided for review. The patient is referred for physical therapy rehab and work hardening on 03/19/03. Chiropractic treatment appears to continue essentially unchanged through 05/26/03 at which time the patient is placed at MMI with a 10% WP impairment rating from treating doctor.

REQUESTED SERVICE(S)

Determine the medical necessity for chiropractic services provided 03/05/03 thru 04/23/03.

DECISION

Chiropractic services provided from 03/05.03 to 04/23/03 are not supported by documentation provided from treating doctor. Medical necessity for level, frequency, and duration of care for conditions identified are not supported by rationale given.

RATIONALE/BASIS FOR DECISION

Chiropractic working diagnosis of discopathy with myelopathy and spinal stenosis is not objectively documented or clinically correlated. If myelopathy or clinically significant

stenosis were present, appropriate orthopedic or neurosurgical consultation would be indicated prior to continuation of chiropractic care beyond initially requested 12 visits. In addition, Initial Chiropractic Report of 10/21/02 suggests that doctor will reevaluate to determine need for further care at the 12th visit. No such reexamination or reevaluation is found for review. Also, generally accepted standards of care and spine treatment guidelines do not support ongoing passive modality applications beyond acute phase of care (8-12 weeks post injury). Ongoing passive applications of this nature suggest no further potential for restoration or progressive resolution of symptoms.

The observation and impression noted regarding this case are strictly the opinions of this evaluator. This evaluation has been conducted only on the basis of the medical/chiropractic documentation provided. It is assumed that this data is true, correct, and is the most recent documentation available to the IRO at the time of request. If more information becomes available at a later date, and additional service/report or reconsideration may be requested. Such information may or may not change the opinions rendered in this review. This review and its findings are based solely on submitted materials. No clinical assessment or physical examination has been made by this office or this physician advisor concerning the above-mentioned claimant. These opinions rendered do not constitute per se a recommendation for specific claims or administrative functions to be made or enforced.

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.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) calendar days of your receipt of this decision (20 Tex. Admin. Code 142.5©).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) calendar 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 or the date of fax (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings/Appeals Clerk
Texas Workers' Compensation Commission
P.O. Box 17787
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

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

In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 3rd day of July 2004.