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

SOAH DOCKET NO. 453-04-0847.M5

MDR Tracking Number: M5-03-2285-01

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. The dispute was received on 5-13-03.

The Medical Review 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 office visits, electrical stimulation, massage, and myofascial release 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 Medical Review Division has determined that medical necessity fees were the only fees involved in the medical dispute to be resolved. The requestor submitted a letter of withdrawal for the massage only on 12-23-02. As the services listed above were not found to be medically necessary, reimbursement for dates of service from 5-31-02 through 1-22-03 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 11th day of September 2003.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

DZT/dzt

August 19, 2003, amended

David Martinez
TWCC Medical Dispute Resolution
4000 IH 35 South, MS 48
Austin, TX 78704

MDR Tracking #:	M5-03-2285-01
IRO #:	5251

___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this 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 care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Doctor of Chiropractic. The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors 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 the dispute.

CLINICAL HISTORY

___suffered a work-related injury ___ when he bent to put something on the floor of an oil rig. His feet gave way and he fell to his left wrist, feeling something tear in his low back. He presented initially with left wrist pain and low back pain to ___ on . He was diagnosed with lumbar disc syndrome with thoracolumbar sprain/strain and myospasm. No evaluation of the left wrist appears to be have been made. ___ proceeded with spinal manipulation and multiple passive modalities for back pain. The patient was also seen by ___ for pain medications and to ___ for neurology assessment. An MRI obtained on 6/18/99 suggested mild disc dessication at L4/5 and L5/S1. Central L5/S1 disc herniation was suggested. No significant canal or foraminal stenosis was noted. This patient's history is significant for pre-existing ulcerative colitis an dchronic low back pain of ten years duration. A lumbard discogramwas performed by ___ on 10/28/99 with follow-up lumbar CT interpreted by ___, suggesting lumbar disc herniation at L5/S1.

The patient then underwent multiple epidural steroid injections with ___and was given several medications for management of pain and spasm. He appeared to continue with chiropractic care and multiple passive modalities with ___. An IDET procedure was performed on 1/20/00 with -___.

There is no record of care for some months until a 12/14/00 MRI was performed suggesting avascular necrosis of the hips bilaterally. Another CT/discogram was performed 12/14/00 that suggested L5/S1 posterior disc fissure and concordant left leg radiculopathy. A 9/18/01 impairment by ___ found the patient to be at MMI with a 28% whole person impairment. A designated doctor impairment evaluation provided by ___ on 9/19/01 found him to be at MMI with 31% whole person impairment levels. The patient was seen by ___ for an orthopedic evaluation on 12/12/01 and 1/11/02 with the possibility of spinal fusion and a bilateral hip replacement discussed. No documentation of these surgical interventions were provided for review.

On or about 5/31/02 the patient presented to a new chiropractor, ___.

DISPUTED SERVICES

Under dispute is the medical necessity of office visits with manipulation, myofascial release, massage therapy and electrical stimulation provided from 5/31/02 through 1/22/03.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

Medical necessity for the disputed services is not supported by the documentation provided to the reviewer, as there appears to be no coherent clinical rationale for ongoing chiropractic care and passive modality applications of this nature.

There are no chiropractic notes or records provided by this doctor prior to 5/31/02. No review of previous medical history appeared to be performed. Chiropractic notes suggest that some ROMs and palpation evaluations were performed, but no diagnostic impression was made. ___ began treating again with multiple passive modalities and spinal manipulation at 2-3x per week for apparent supportive care. Chiropractic notes of 10/2/02 suggest that the frequency of care was reduced to "per need" yet continued with manipulation, massage therapy, trigger point therapy and interferential current. This frequency increased to 2x per week again on 10/7/02. No specific exacerbation or re-injury was documented for review. Chiropractic care at these levels appears to have continued through 1/22/03 without change. No home exercise or self-care instruction appears to have been provided to the patient, and no medical-surgical follow-up evaluation appears to have been performed during this period of care.

___ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. ___ has made no determinations regarding benefits available under the injured employee's policy

As an officer of ___, I certify that there is no known conflict between the reviewer, ___ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

___ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,