

MDR Tracking Number: M5-03-2403-01

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 (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 11-14-02.

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 office visits, physical therapy treatments/services, and supplies 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 Division has determined that medical necessity was the only issue to be resolved. As the treatment was not found to be medically necessary, reimbursement for dates of service from 2-19-02 through 6-24-02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 21th day of August 2003.

Medical Dispute Resolution Officer  
Medical Review Division

Enclosure: IRO Decision

#### NOTICE OF INDEPENDENT REVIEW DECISION

August 13, 2003

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

RE: Injured Worker:  
MDR Tracking #: M5-03-2403-01  
IRO Certificate #: IRO4326

The Texas Medical Foundation (TMF) 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 TMF for

independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

TMF 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. TMF'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 TMF 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 received an injury to the lower back on \_\_\_\_\_ while lifting a heavy box of equipment. A lumbar MRI performed on 08/18/01 revealed disc desiccation and bulging at L5-S1 without nerve root impingement. Maximum medical improvement was given as of 08/18/01 with an impairment rating of 0%.

### Requested Service(s)

Therapeutic procedures, joint mobilization, aquatic therapy, office visits, supplies, unlisted therapeutic procedures, and therapeutic exercises from 02/19/02 through 06/24/02

### Decision

It is determined that the therapeutic procedures, joint mobilization, aquatic therapy, office visits, supplies, unlisted therapeutic procedures, and therapeutic exercises from 02/19/02 through 06/24/02 were not medically necessary to treat this patient's condition.

### Rationale/Basis for Decision

The patient was treated for a non-complicated soft-tissue injury. There are no diagnostic or objective findings to suggest that this case was particularly difficult or that there were associated co-morbidities or factors that would be reasonably expected to complicate recovery. The patient was treated for over five months initially, which is in excess of generally accepted standards of care in regards to non-complicated soft tissue injuries. Moreover, there is no apparent causal link between the initial course of care and the course of care that was initiated on 05/29/02. The second course of care is not apparently preceded by a detailed history of how the exacerbation occurred. In fact, there is no documentation to show the clinical and/or physiological relationship between these two courses of care. Also, the documentation collected during the second course of care that commenced on 05/29/02 is lacking in objective support to establish the rationale for ongoing care. Lastly, it would not be reasonable or clinically expected for this patient to experience ongoing associated symptomatology almost a year later from the injury which occurred on \_\_\_\_\_. Therefore, it is determined that the therapeutic procedures, joint

mobilization, aquatic therapy, office visits, supplies, unlisted therapeutic procedures, and therapeutic exercises from 02/19/02 through 06/24/02 were not medically necessary.

Sincerely,

Gordon B. Strom, Jr., MD  
Director of Medical Assessment