

MDR Tracking Number: M5-03-2985-01

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 07-17-03.

The IRO reviewed office visits, special reports, massage therapy, ultrasound therapy, electrical stimulation, manual traction and hot or cold packs rendered from 08-05-02 through 08-14-02, 08-21-02 through 08-23-02, 08-26-02, 08-28-02, 08-29-02, 09-04-02, and 09-05-02 through 10-03-02 that were denied based upon "V".

The Medical Review Division has reviewed the IRO decision and determined that the **requestor prevailed** on the issues of medical necessity for office visits, special reports, massage therapy, ultrasound therapy, electrical stimulation, manual traction and hot or cold packs. Therefore, upon receipt of this Order and in accordance with §133.308(r)(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 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 September 23, 2003, 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. The Medical Review Division is unable to review this dispute for fee issues. Documentation was not submitted in accordance with Rule 133.307(l) to confirm services were rendered for dates of service 08-19-02, 08-23-02, 08-26-02, 08-28-02, 08-29-02 and 09-04-02. Therefore reimbursement is not recommended

This Decision is hereby issued this 4th day of February 2004.

Georgina Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

ORDER.

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for 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 Decision is applicable for dates of service 08-05-02 through 10-03-02.

This Order is hereby issued this 4th day of February 2004.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

December 30, 2003

Re: IRO Case # M5-03-2985 amended

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a Doctor of Chiropractic, who is licensed by the State of Texas, and who has met the requirements for TWCC Approved Doctor List or has been approved as an exception to the Approved Doctor List. He or she has signed a certification statement attesting 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 referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient injured his lower back in ___ while lifting boxes weighing around 60 pounds. He was initially treated at a medical center. He then sought the care of a chiropractor, who initiated chiropractic treatment on 8/5/02. An MRI and an electrodiagnostic study were performed, and the patient has been treated with therapeutic exercises and chiropractic treatment.

Requested Service(s)

Office visits, special reports, massage therapy, ultrasound, electrical stimulation, manual traction, hot/cold packs 8/5/02-8/14/02, 8/21/02-8/23/02, 8/26/02, 8/28/02, 8/29/02, 9/4/02, 9/5/02-10/3/02

Decision

I disagree with the carrier's decision to deny the requested treatment.

Rational

The patient responded well to an initial trial of chiropractic treatment. Appropriate care would be passive care for four weeks at a frequency of three times a week, then progressing to active care and rehabilitation at a frequency of three times a week for 4-6 weeks. The documentation from the treating D.C. supports the above-mentioned treatment criteria for severity of injury, intensity of service and appropriateness of care. The documentation provided for review was thorough, providing necessary, objective, measurable findings, and noted both subjective and objective improvement for the dates in dispute. From the records provided, the disputed services were necessary, reasonable and effective in relieving symptoms and improving function.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.