

MDR Tracking Number: M5-03-3381-01

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 8-26-03.

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(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 the only issue** to be resolved. The therapeutic exercises, hot/cold packs, electrical stimulation, and office visit were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

The above Findings and Decision are hereby issued this 6th day of November 2003.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

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 8-28-02 through 1-2-03 in this dispute.

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 6th day of November 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division
RL/dzt

November 4, 2003

Re: MDR #: M5-03-3381-01
IRO Certificate No.: IRO 5055

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is certified in Chiropractic Medicine.

Clinical History:

This male claimant suffered injury to his cervical, thoracic and lumbosacral spine in a work-related accident on ____. He received emergency medical treatment, including x-rays and prescribed medication, and treatment on 06/21/02. An aggressive treatment program was begun.

The patient responded to passive care. Additional diagnostic testing in the form of MRI's and electrodiagnostic testing was performed that revealed significant positive findings. Due to his response to the initial trial of passive care, he was appropriately progressed into an active rehabilitation program. He was also seen by specialists who provided medication, trigger-point injections, suboccipital nerve blocks, ESI's, and psychological evaluation. There were performed in conjunction with continuation of active rehabilitation.

During this time frame, the patient received a Required Medical Examination, as well as a Designated Doctor examination, which confirmed that he was not at Maximum Medical Improvement, and additional treatment was warranted.

Disputed Services:

Medical services (therapeutic exercises, hot/cold packs therapy, electrical stimulation therapy, office visit) during the period of 08/28/02 through 01/02/03.

Decision:

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that the medical services in question were medically necessary in this case.

Rationale:

National Treatment Guidelines allow for an initial trial of care of passive therapy with progression into active therapeutic rehabilitation, which was the situation in this case. The records provide sufficient documentation to warrant each date of service that was rendered, as well as continuation of treatment throughout the period of denied services. In conclusion, all denied medical services during the period of 08/28/02 through 01/02/03 were, in fact, reasonable, usual, customary and medically necessary for the treatment of this patient's on-the-job injury.

I am the Secretary and General Counsel of ___ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Sincerely,