

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

SOAH DOCKET NO. 453-04-5343.M5

MDR Tracking Number: M5-04-0442-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 titled Medical Dispute Resolution of a Medical Fee Dispute, 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 10-13-03.

The IRO reviewed office visits, myofascial release, hot/cold packs, electric stimulation, electric current therapy, DME, and unattended electrical stimulation from 10-17-02 through 2-26-03.

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

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division. The disputed dates of service 9-23-02 through 10-7-02 are untimely and ineligible for review per TWCC Rule 133.307 (d)(1) which states that a request for medical dispute resolution shall be considered timely if it is received by the Commission no later than one year after the dates of service in dispute. The Commission received the medical dispute on 10-13-03.

On 12-30-03, 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.

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Max. Allowable Reimbursement)	Reference	Rationale
10/23/02 11/5/02 12/16/02	99080-73	\$15.00 x 3	\$0.00	U	\$15.00	Rule 129.5 and 133.307 (g)(3) (A-F)	Requestor failed to submit relevant information to support delivery of services. No reimbursement recommended.
TOTAL		\$45.00	\$0.00				The requestor is not entitled to reimbursement.

This Decision is hereby issued this 26th day of March 2004.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

December 24, 2003

Re: IRO Case # M5-04-0442-01

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, Rule 133.308 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 her lower back in ___ when she backed up and hit her lower back on a cart loaded with paint. She has had physical therapy, chiropractic care, medication, facet joint injections and a lumbar neurotomy.

Requested Service(s)

Office outpatient, myofascial release, hot/cold pack therapy, electric stimulation, electric current therapy, DME, electrical stimulation (unattended) 10/17/02-2/26/03

Decision

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

Rationale

The patient had extensive conservative treatment without relief of symptoms or improved function. In her letter to the IRO dated 11/7/03, the treating D.C. stated, "there is still a question of whether she has a disc problem or not." The treating D.C. had treated this patient on a regular basis since 1999, and apparently still did not know what she was treating the patient for.

The SOAP notes provided for review are vague, repetitive and give little useful information regarding subjective complaints and objective findings. With each exam the patient presented with the same multiple positive orthopedic and neurological tests, indicating that treatment had failed to be beneficial. The continued use of failed conservative therapy modalities does not establish a medical rationale for additional non-effective therapy. From the records provided, it appears that the patient's condition plateaued in a diminished state some three months after the start of chiropractic treatment. Further treatment was ineffective in relieving symptoms and improving function.

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