

MDR Tracking Number: M5-04-0701-01

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 11-04-03. Date of service 10-31-02 was untimely filed per Rule 133.308(e)(1).

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 office visits, large cryopack, over the counter muscle relaxers, analgesic balm, joint mobilization, myofascial release, group therapeutic procedures, therapeutic exercises and Delorme muscle testing were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

This Findings and Decision is hereby issued this 13th day of January 2004.

Debra L. Hewitt
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 11-04-02 through 11-22-02 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 13th day of January 2004.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/dlh

January 9, 2004

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-04-0701-01

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). ___ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ___ for independent review in accordance with this Rule.

___ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing chiropractor on the ___ external review panel. The reviewer has met the requirements for the ADL of TWCC or has been approved as an exception to the ADL requirement. The ___ chiropractor reviewer signed a statement certifying that no known conflicts of interest exist between this chiropractor and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ___ for independent review. In addition, the ___ chiropractor reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 39 year-old female who sustained a work related injury to her low back on ___ while lifting. On 11/5/01, she was diagnosed with an acute lumbosacral strain. The patient saw a neurosurgeon on 11/26/01 and reported lower back pain with radiation to the lower extremities bilaterally, paresthesias in the feet bilaterally and some potential numbness and weakness. She was diagnosed with a radicular syndrome of the lower extremity and a MRI of the lumbar spine was recommended. A MRI of this patient's lumbar spine was performed on 12/7/01. The impression was question of very subtle Grade I spondylolisthesis L5 over S1 and a very small central disc protusion at L4-5 without central canal stenosis or neuroforaminal compromise. The impression from a lumbar myelogram performed on 12/20/01 was scoliosis, mild generalized appearing anterior extradural ridging of L2-3 to L3-4. The impression from a CT scan of the lumbar spine without contrast with reconstructed images performed on 12/20/01 was scoliosis and mild spondylosis and facet arthrosis, with no evidence of overt herniated nucleus pulposus, spinal stenosis or significant foraminal encroachment. Electromyography and nerve conduction velocity testing performed on 1/15/02 was normal with no evidence for radicular or neuropathic process. This patient has been to the emergency room several times for treatment of her back pain. The results of an evaluation on 10/31/02 were diagnoses of displacement of lumbar intervertebral disc without myelopathy, lumbar sprain/strain grade II, myofascial pain syndrome and deconditioning syndrome. This patient has been treated with a TENS unit, medications and chiropractic care.

Requested Services

Office visits, large cryopack, OTC muscle relaxers, analgesic balm, joint mobilization, myofascial release, group therapeutic procedures, therapeutic exercises, and Delorme muscle testing from 11/4/02 to 11/22/02.

Decision

The Carrier's determination that these services were not medically necessary for the treatment of this patient's condition is overturned.

Rationale/Basis for Decision

The ___ chiropractor reviewer noted that this case concerns a 39 year-old female who sustained a work related injury to her back on ___. The ___ chiropractor reviewer also noted that the diagnoses for this patient have included acute lumbosacral strain and radicular syndrome. The ___ chiropractor reviewer further noted that the treatment for this patient's condition has included medications, joint mobilization, myofascial release, therapeutic exercises and group therapeutic procedures. The ___ chiropractor reviewer explained that the documentation of this patient's previous history, treatment and exam findings on 10/31/02, the patient required further treatment from 11/4/02 through 11/22/02. Therefore, the ___ chiropractor consultant concluded that the office visits, large cryopack, OTC muscle relaxers, analgesic balm, joint mobilization, myofascial release, group therapeutic procedures, therapeutic exercises, and Delorme muscle testing from 11/4/02 to 11/22/02 were medically necessary to treat this patient's condition.

Sincerely,