

MDR Tracking Number: M5-04-0711-01

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 November 5, 2003.

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 the office visits, joint mobilization, neuromuscular reeducation of movement, gait training, therapeutic exercises, required reports, reports, therapeutic activities and massage 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 fees were the only fees involved in the medical dispute to be resolved. As the treatments listed above were not found to be medically necessary, reimbursement for dates of service from 11/06/02 to 12/13/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 26<sup>th</sup> day of January 2004.

Patricia Rodriguez  
Medical Dispute Resolution Officer  
Medical Review Division  
PR/pr

January 21, 2004

### **NOTICE OF INDEPENDENT REVIEW DECISION**

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\_\_\_ 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 46 year-old male who sustained a work-related injury on \_\_\_\_. The patient reported that while at work he was pulling a nail from a frame when he fell backwards, injuring his low back. An MRI of the lumbar spine dated 6/17/02 indicted posterior central and paracentral disc bulge at L5-S1, posterior central and right paracentral and posterolateral disc protrusion at L4-L5. A neuro-diagnostic study dated 8/7/02 showed lumbar radiculopathy involving the right L5 nerve root. On 11/5/03 the patient underwent a lumbar laminectomy. The diagnoses for this patient have included lumbar sprain/strain, pseudoarthrosis, status post lumbar fusion, and lumbar instability. Treatment for this patient's condition has included adjustments, therapeutic modalities, hot/cold packs, EMS, ultrasound and therapeutic exercises.

#### Requested Services

Office visits, joint mobilization, neuromuscular reeducation of movement, gait training, therapeutic exercises, required reports, reports, therapeutic activities and massage from 11/6/02 through 12/13/02.

#### Decision

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

#### Rationale/Basis for Decision

The \_\_\_ chiropractor reviewer noted that this case concerns a 46 year-old male who sustained a work related injury to his low back on \_\_\_\_. The \_\_\_ chiropractor also noted that the diagnoses for this patient have included lumbar sprain/strain, pseudoarthrosis, status post lumbar fusion, and lumbar instability. The \_\_\_ chiropractor reviewer further noted that treatment for this patient's condition has included adjustments, therapeutic modalities, hot/cold packs, EMS, ultrasound and therapeutic exercises. The \_\_\_ chiropractor indicated that the patient was receiving no objective therapeutic benefit from the ongoing passive and active treatment. The \_\_\_ chiropractor reviewer also indicated that the patient had undergone almost 6 months of care and did not report much improvement. The \_\_\_ chiropractor reviewer explained that the stretches and exercises the patient had been treated with could have been performed at home. The \_\_\_ chiropractor reviewer also explained that the because the patient was not demonstrating any objective or subjective improvement in his condition with treatment, the patient could have been released with a home-based treatment plan until the patient underwent surgery. Therefore, the \_\_\_ chiropractor consultant concluded that the office visits, joint mobilization, neuromuscular reeducation of movement, gait training, therapeutic exercises, required reports, reports, therapeutic activities and massage from 11/6/02 through 12/13/02 were not medically necessary to treat this patient's condition.

Sincerely,