

MDR Tracking Number: M5-04-0717-01

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.

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 \$650.00** 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 procedures, physical treatment (unlisted procedure), myofascial release, physical medicine treatment – 1 area, ultrasound therapy, electrical stimulation, joint mobilization, kinetic activities and mechanical traction 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 8<sup>th</sup> day of June 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 05-14-03 through 06-18-03 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 8<sup>th</sup> day of June 2004.

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

**IRO Certificate #4599**

**NOTICE OF INDEPENDENT REVIEW DECISION**

May 5, 2004

**Re: IRO Case # M5-04-0717** amended 6/3/04

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 physician who is Board certified in Physical Medicine and Rehabilitation, 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:

Medical Information Reviewed

1. Table of Disputed Services 2/28/03
2. Explanation of benefits

3. Cervical spine x-ray report 5/11/03
4. Lumbar spine x-ray report 5/8/03, 5/11/03
5. MRI cervical and lumbar spine report 5/13/03
6. Peer review 6/11/03
7. Follow up note 3/11/03
8. Initial spine consultation 4/24/03
9. Follow up notes 5/22/03-7/31/03
10. Progress notes 3/25/03 – 6/18/03

### History

The patient is a 53-year-old male who was in a motor vehicle accident on \_\_\_\_\_. He felt an immediate onset of low back pain, and an onset of neck pain a few days later. X-rays of the cervical spine on 3/11/03 were significant for nuchal ligamentous calcification, uncovertebral spur formation with mild C5-6 foraminal encroachment at C5-6, and C5 spondylosis. X-rays of the lumbar spine were normal. The patient apparently started physical therapy around 3/14/03. He was also treated with anti-inflammatory medications. Because of continued pain he was referred for a spine consultation on 4/24/03, and MRIs were ordered. The 5/13/03 MRI of the lumbar spine was significant for spondylosis C3-4 through C6-7, disk herniation at C3-4 and C4-5 centrally, central canal stenosis at C4-5 and C5-6, and foraminal stenosis at C5-6 and C6-7. An MRI of the lumbar spine was read as normal. The spine specialist recommended continued physical therapy.

### Requested Service(s)

Therap proc, phys tx (unlisted proc), myofascial release, phys med tx-1 area, ultrasound therapy, elec stim, jnt mobiliztn, kinetic activities, mechanical traction 5/14/03 –6/18/03

### Decision

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

### Rationale

The patient was involved in a severe motor vehicle accident. He suffered injuries to the neck and low back. He was appropriately treated with conservative treatment, including aggressive physical therapy. The physical therapy notes show slow improvement in range of motion, strength and activity tolerance. Unfortunately, the patient was not able to return to work, as his work required him to perform heavy lifting. The patient began physical therapy around 3/14/03. It was denied after eight weeks. Continued physical therapy was appropriate and necessary, given the patient's deficits and continued benefit and improvement from treatment.

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