

MDR Tracking Number: M5-04-0909-01

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 26, 2003.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the majority of the medical necessity issues. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

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 (99213), joint mobilization (97265), myofascial release (97250), manual traction (97122) and therapeutic exercises for 04-03-03 through 04-14-03 were found to be medically necessary. The office visits (99213 & 99214), joint mobilization (97265), myofascial release (97250), manual traction (97122), therapeutic exercises (97110), electric stimulation (97032), physical performance test muscle (97750-MT), work hardening/conditioning, and work hardening/conditioning each additional hour (97545 & 97546) for 04-17-03 through 08-14-03 were not 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 12<sup>th</sup> day of April.

Patricia Rodriguez  
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 04-03-03 through 04-14-03 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 12<sup>th</sup> day of April 2004.

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division

RL/pr

**IRO Certificate #4599**

**NOTICE OF INDEPENDENT REVIEW DECISION**

April 2, 2004

**Re: IRO Case # M5-04-0909**

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 physician who is Board Certified in Neurological Surgery, 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 is a 37-year-old female who fell from a ladder and developed back and left hip pain. She participated in physical therapy for two weeks and then returned to work on light duty. But because of continued discomfort she was taken off work on 3/20/03. A variety of diagnoses were stated, none of which were shown to be present by objective testing. A 3/28/03 MRI was normal, as were spine films taken eight days earlier. From April through June, 2003 the patient was given many gluteal nerve injections.

Requested Service(s)

Office visits 99213, joint mobilization 97265, myofascial release 97250, manual traction 97122, therapeutic exercises 97110, electric stimulation 97032, physical performance test muscle 97750-MT, work hardening/conditioning, and work hardening/conditioning each addtl hr 97545/97546, office visit est patient 99214. 4/3/03-8/14/03

Decision

I agree with the carrier's decision to deny the requested services after 4/16/03, and I disagree with denial of services through 4/16/03.

Rationale

Based on the records provided for this review, the patient had evidence of a lumbar strain, which should clear up in at most 4-6 months. During the period in dispute the patient continued to have discomfort, and there was nothing to indicate that the injections or the disputed services were of benefit. One physician indicated that there was a strong potential of psychological and social problems, with various signs indicating the potential of malingering. Under these circumstances, any treatment beyond six months post injury is not indicated.

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