

MDR Tracking Number: M5-04-0911-01

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. This dispute was received on 11-26-03. The disputed date of service 10-30-02 is 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 date of service in dispute.

The Medical Review 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, electrical stimulation, ultrasound, massage, gait training, electrical stimulation (unattended), joint mobilization, manual traction, hot/cold packs, neuromuscular re-education, and therapeutic procedures 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 Medical Review Division has determined that fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for dates of service from 11-26-02 to 3-3-03 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 17th day of June 2004.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

DZT/dzt

NOTICE OF INDEPENDENT REVIEW DECISION

February 12, 2004

MDR Tracking #: M5-04-0911-01
IRO Certificate #: IRO4326

The ___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in Chiropractic Medicine. ___ health care professional has signed a certification statement stating 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 the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This patient was injured on ___ when he was struck on the head and spine by heavy objects while working in a ditch. The patient reported sharp pain in the low back radiating to bilateral lower extremities. He saw a chiropractor for treatment and therapy. An MRI dated 08/22/02 revealed multi-level disc bulging at C3-C6 and a disc herniation at L5-S1.

Requested Service(s)

Office visits, electrical stimulation, ultrasound, massage therapy, gait training, electrical stimulation-unattended, joint mobilization, manual traction, hot/cold pack therapy, neuromuscular re-education, required reports, therapeutic procedure, and electrodes from 11/26/02 through 03/31/03

Decision

It is determined that the office visits, electrical stimulation, ultrasound, massage therapy, gait training, electrical stimulation-unattended, joint mobilization, manual traction, hot/cold pack therapy, neuromuscular re-education, required reports, therapeutic procedure, and electrodes from 11/26/02 through 03/31/03 were not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The patient presented to the provider's office with chief complaints related to the cervical spine. An examination was performed to ascertain the nature and severity of the patient's injuries and to formulate a treatment plan. Treatment was begun at that time. At some later time, the low back became a complaint as well and treatment to the low back was incorporated into the treatment plan. This patient appears to have been a good and typical candidate for a trial of chiropractic care. Typical trials of care are four to six weeks. This length of a trial of care is consistent with generally accepted standards of care within the chiropractic profession. To substantiate the need for care beyond the initial trial of care, objective progress should be documented. In this particular case, the documentation does not reflect an examination to the low back and further does not reflect that any subsequent re-examination took place to ascertain if objective progress was being achieved to substantiate the need for additional chiropractic care.

The care from 08/06/02 through 11/25/02 represents an adequate trial of care of almost four months. Without regular and subsequent examinations and the comparative objective information that would be recorded as a result of those examinations, additional care beyond 11/26/02 is not certified as medically necessary.

Furthermore, the patient has marginal radiographic findings at best. The MRIs indicate that the patient has minimal bulging in the cervical spine and a 2mm herniation in the lumbar spine. There are no indications that the radiographic findings include any associated neural compromise. These findings, therefore, would be of minimal clinical significance and would not represent significant complicating factors. Given the fact that the patient's are non-complicated soft tissue injuries, the care rendered from 08/06/02 through 11/25/02 was more than adequate given the reviewed documentation. Therefore, it is determined that the office visits, electrical stimulation, ultrasound, massage therapy, gait training, electrical stimulation-unattended, joint mobilization, manual traction, hot/cold pack therapy, neuromuscular re-education, required reports, therapeutic procedure, and electrodes from 11/26/02 through 03/31/03 were not medically necessary.

Sincerely,