

MDR Tracking Number: M5-04-1116-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 titled Medical Dispute Resolution of a Medical Fee Dispute, 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 disputed dates of service 11-14-03 through 11-26-03 are 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 dates of service in dispute. The Commission received the medical dispute on 12-18-03.

The IRO reviewed neuromuscular re-education (97112), manual traction (97122), myofascial release (97250), office visits (99213, 99214), and physical performance test (97750) from 1-2-03 to 2-27-03.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. Consequently, the requestor is not owed a refund of the paid IRO fee.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 3-2-04, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice. The requestor failed to submit relevant information to support components of the fee component per Rule 133.307(g)(3) (A-F). Therefore, no review can be conducted and no reimbursement recommended.

This Decision is hereby issued this 2nd day of June 2004.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

NOTICE OF INDEPENDENT REVIEW DECISION amended 3/5/04

February 26, 2004

Re: IRO Case # M5-04-1116

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 Doctor of Chiropractic who is licensed by the State of Texas, 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 injured his lower back in ___ when he slipped and fell while pushing a car out of a garage. He was been evaluated with MRIs and a discogram, and has been treated with selective nerve root blocks, lumbar epidural steroid injections, medication and chiropractic treatment.

Requested Service(s)

Balance manip, myofascial release, ovs, phys perf test, manual traction 1/2/03 – 2/27/03

Decision

I agree with the carrier's decision to deny the requested services.

Rationale

The patient initially saw the treating D.C. on 5/6/02. He received extensive chiropractic treatment prior to the dates in dispute, with satisfactory results, only to have flare-ups requiring additional treatments. This is understood with failed surgical low backs, and an asymptomatic state will probably never be reached no matter how much conservative care is given. Based on the documentation provided for this review, the patient plateaued in a diminished condition some two months after starting treatment with the treating D.C. Passive treatment after this was ineffective, unreasonable and inappropriate. At best, the patient may experience only short-term improvement with chiropractic treatment, with no lasting benefit, and therefore it is not reasonable and necessary in the treatment of his condition. The disputed services exceeded what is medically necessary and appropriate care. The records provided for review failed to show how the disputed services were necessary.

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