

MDR Tracking Number: M5-04-1293-01

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. This dispute was received on 1-8-04.

The IRO reviewed office visits, therapeutic exercises, hot/cold packs, electrical stimulation, work hardening, and FCE from 1-10-03 to 2-28-03.

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 3-24-04, 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 dispute per Rule 133.307(g)(3) (A-F). Therefore, no review can be made and no reimbursement recommended.

This Decision is hereby issued this 4<sup>th</sup> day of June 2004.

Dee Z. Torres  
Medical Dispute Resolution Officer  
Medical Review Division

June 8, 2004

NOTICE OF INDEPENDENT REVIEW DECISION  
Corrected Letter

RE: MDR Tracking #: M5-04-1293-01

\_\_\_ 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 33 year-old male who sustained a work related injury on \_\_\_. The patient reported that while at work he slipped and fell injuring his back. On 10/23/02 the patient underwent x-rays of the lumbar spine that showed postural alterations. The patient underwent an MRI of the lumbar spine on 10/24/02 that indicated flattening of the lumbar lordosis, and posterior bulging of the L4 annulus of 3-4mm. Diagnoses for this patient's condition have included lumbar disc bulge, lumbar sprain/strain, low back pain syndrome, and myospasms. Treatment for this patient's condition has included chiropractic care, physical therapy, and electrical stimulation. On 1/30/03 and 3/12/03 the patient also underwent SI joint injections.

### Requested Services

Office visits, therapeutic exercises, hot/cold pack, electrical stimulation, work hardening, and physical capacity performance from 1/10/03 from 2/28/03.

### 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 33 year-old male who sustained a work related injury to his back on \_\_\_. The \_\_\_ chiropractor reviewer also noted that the diagnoses for this patient's condition have included lumbar disc bulge, lumbar sprain/strain, low back pain syndrome, and myospasms. The \_\_\_ chiropractor reviewer further noted that treatment for this patient's condition has included chiropractic care, physical therapy, electrical stimulation, and SI joint injections. The \_\_\_ chiropractor reviewer explained that the standards of care for any soft tissue injury recommend two-week trials of care with a return to active therapy. The \_\_\_ chiropractor reviewer noted that the patient showed steady progress from the initial visit through December 2003 when records indicate there were gaps in treatment. The \_\_\_ chiropractor reviewer explained that the patient recovered well when following the initial treatment plan that included chiropractic modalities, and exercise rehabilitation. The \_\_\_ chiropractor reviewer noted that the patient's pain was nearly resolved on 12/11/02. The \_\_\_ chiropractor reviewer also noted that in late 12/02, the patient reported a return of his symptoms with no indication of a mechanism of aggravation. The \_\_\_ chiropractor reviewer explained that based on the medical records provided, the use of work hardening, therapeutic exercises, hot/cold packs, EMS, and physical capacity performance testing were not reasonable and necessary.

The \_\_\_ chiropractor reviewer also explained that soft tissue injuries typically resolve within 6-8 weeks. The \_\_\_ chiropractor reviewer further explained that a self-directed home exercise program, would have facilitated the patient's recovery, reduced the frequency of care, and is also recommended by the TWCC guidelines. Therefore, the \_\_\_ chiropractor consultant concluded that the Office visits, therapeutic exercises, hot/cold pack, electrical stimulation, work hardening, and physical capacity performance from 1/10/03 from 2/28/03 were not medically necessary to treat this patient's condition.

Sincerely,