

MDR Tracking Number: M5-04-1333-01

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 1-14-04.

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, therapeutic procedures, therapeutic exercises, joint mobilization, myofascial release, and required reports from 1/15/03 through 5/15/03 **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 medical necessity 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 1/15/03 through 5/15/03 are denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 10th day of May 2004.

Regina L. Cleave
Medical Dispute Resolution Officer
Medical Review Division
RLC/rlc

March 23, 2004

REVISED REPORT
Corrected dates of service.

MDR #: M5-04-1333-01
IRO Certificate No.: IRO 5055

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of ___ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is certified in Chiropractic Medicine.

REVIEWER'S REPORT

Information Provided for Review:

Correspondence
Office visit and physical therapy notes
Functional Capacity Evaluation
Operative and Radiology reports

Clinical History:

This claimant is a 62-year-old male, who injured his back and pelvis in a work-related injury on _____. After the incident, the claimant was transported to the hospital, radiographs were taken, and he was released the same day with medication. The claimant presented to the office of his treating doctor on 11/07/02, and a course of chiropractic management was activated. This claimant met with a chronic pain management physician on 11/27/02, who recommended a course of 18-40 sessions of physical therapy over 6-8 weeks.

MR imaging of the lumbar spine on 12/05/02 revealed an annular tear at L4/5, L4/5 disc bulge, and facet effusion. MR imaging of the cervical spine performed on 12/05/02 revealed spondylosis at C5/6 and C6/7. The claimant met with an orthopedic surgeon on 12/19/02, who recommended that the claimant remain under conservative management as he was not, at that moment, a surgical candidate. Lumbar epidural steroid injections were performed on 04/17/03. Functional capacity evaluation on 06/10/03 revealed that the claimant was functioning within a sedentary physical demand level.

Electrodiagnostics of the upper quarter performed on 06/18/03 that included a NCV/needle EMG were unremarkable. Electrodiagnostics of the lower quarter performed on 06/18/03 revealed a lumbar radiculopathy involving the L5 nerve root bilateral.

Disputed Services:

Office visits, therapeutic procedures, therapeutic exercises, joint mobilization, myofascial release, and required reports, during the period of 01/15/03 through 05/15/03.

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that the treatment and services in dispute as stated above were not medically necessary in this case.

Rationale:

The claimant has been treated in some 50 sessions from 11/07/02 through 04/17/03. Therapeutics applied are well contained within a passive therapeutic algorithm. There is no noticeable transition of the claimant to active connotation-driven therapeutics.

In addition, there is no quantitative/qualitative data to warrant the continued utilization of passive therapeutics in the management of this patient's medical condition. The efficacy of the provider's continued utilization of a passive therapeutic algorithm applied from 01/21/03 through 04/17/03 is not supported by the reviewed medical documentation.

Duration of the claimant's therapeutics is not sufficiently documented in the reviewed medical record. The exact duration of applied one on one and supervised therapies are not clearly delineated in the documentation. Further, it is not evident how the provider's continued implementation of passive therapeutic applications were of any benefit to this patient in controlling his current pain generators at that time.

The aforementioned information has been taken from the following guidelines of clinical practice and/or peer reviewed references.

- Carpenter, Z. M. et al. *Low Back Strengthening For The Prevention and Treatment of Low Back Pain*. Med Sci Sports Exerc. 1999 Jan; 31(1): 18-24
- Kankaanpaa, M. et al. *The Efficacy Of Active Rehabilitation in Chronic Low Back Pain. Effect On Pain Intensity, Self-Experienced Stability, and Lumbar Fatigability*. Spine. 1999 May 15; 24(10): 1034-42
- *Overview of Implementation of Outcome Assessment Case Management in the Clinical Practice*. Washington State Chiropractic Association; 2001. 54p.
- *Unremitting Low Back Pain. North American Spine Society Phase III Clinical Guidelines for Multidisciplinary Spine Care Specialist*. North American Spine Society; 2000. 96p.

Sincerely,