

THIS DECISION HAS BEEN APPEALED. THE FOLLOWING  
IS THE RELATED SOAH DECISION NUMBER: 453-04-7155.M5

MDR Tracking Number: M5-04-1791-01

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 February 19, 2004.

Based on correspondence received 05-17-04 from the requestor, \_\_\_\_, the requestor has withdrawn date of service 03-14-03 for CPT 99080-73 from their dispute.

The 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 established patient office visit, myofascial release, joint mobilization, therapeutic procedure, office visit established patient comprehensive history and exam, traction manual, training activities of daily living 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 Division has determined that fees were the only fees involved in the medical dispute to be resolved. As the treatment listed above were not found to be medically necessary, reimbursement for dates of service from 02-19-03 to 04-09-03 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 24<sup>th</sup> day of May 2004.

Patricia Rodriguez  
Medical Dispute Resolution Officer  
Medical Review Division

PR/pr

## **IRO Certificate #4599**

### **NOTICE OF INDEPENDENT REVIEW DECISION**

April 29, 2004

**Re: IRO Case # M5-04-1791 Amended 5/6/04**

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, Rule133.308 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:

#### Medical Information Reviewed

1. Explanation of benefits
2. TWCC 69 report of medical evaluation
3. Designated doctor exam report 5/30/03
4. Treatment notes
5. TWCC work status reports
6. MRI of the lumbar spine 1/10/03
7. EMG report 1/13/03
8. Peer review 2/17/03

#### History

The patient injured his lower back in in \_\_\_\_ when he slipped on a fire truck step and twisted his lower back. He previously had been injured in \_\_\_\_\_. He has been evaluated by MRI and EMG, and has received chiropractic treatment

Requested Service(s)

Established patient office visit, myofascial release, joint mobilization, therapeutic procedure, office visit established patient comprehensive history and exam, traction manual, training activities of daily living 2/19/03-4/9/03

Decision

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

Rationale

The patient had an adequate trail of chiropractic treatment prior to the dates in dispute with what the records indicate was satisfactory results. Documentation on 2/19/03 showed a VAS of 2/10, and the patient's symptoms did not affect his daily activities.

The 1/10/03 MRI of the lumbar spine revealed multiple level of degenerative disk disease, stenosis and disk bulging. The patient had a preexisting problem that complicated his recovery. Total relief of symptoms is doubtful, and exacerbations and flare-ups are likely with degenerative disk disease of this magnitude. Based on the records, the patient plateaued on or before the period in dispute, and further conservative treatment was not reasonable or necessary. The patient had an exacerbation during the disputed period. Exacerbations, however, are not injury related because they are not time and event based phenomena, and also do not require more than 2-3 days of treatment. Ongoing and chronic care was not necessary or reasonable. The patient should have been placed on a home-based exercise program as of 2/19/03.

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