

MDR Tracking Number: M5-04-1879-01

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 2-23-04.

The IRO reviewed work related exam, office visit w/manipulation, office visit, ultraviolet, joint mobilization, therapeutic activities, manual traction, myofascial release, therapeutic exercise, J9208 injection, nervous system surgery (64999-22), prolonged physician service, hot/cold packs, electrical stimulation (unattended), chiropractic manipulations (97260, 97140, 98940, manual therapy, and supplies/materials on 3-28-03 to 1-17-04.

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.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division. On 6-22-04, 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.

On 10-22-04, the requestor submitted a letter stating they did not wish to pursue the additional issues.

The above Decision is hereby issued this 22nd day of October 2004.

Dee Z. Torres  
Medical Dispute Resolution Officer  
Medical Review Division

May 21, 2004

Amended June 22, 2004

David Martinez  
TWCC Medical Dispute Resolution  
4000 IH 35 South, MS 48  
Austin, TX 78704

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IRO #: 5251

\_\_\_ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this 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 care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Doctor of Chiropractic. The reviewer is on the TWCC Approved Doctor List (ADL). The \_\_\_ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors 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 the dispute.

#### CLINICAL HISTORY

This patient was vacuuming and fell backwards, injuring her low back and suffering an immediate onset of low back pain with radiation into the right leg. Records indicate the patient was transported to a hospital due to the pain. Shortly afterward she began treatment under the direction of Dr. V, who prescribed extensive passive and active care along with chiropractic manipulations for the patient. MRI was performed on April 14, 2003 and demonstrated 2mm disc bulge at L4/5 and a disc protrusion at L1/2 of 4-5 mm. X-rays had confirmed the presence of degeneration of L1/2 and L2/3. The office notes from Dr. V's office are computerized and indicate that the patient was diagnosed with a radiculitis and lumbar disc syndrome. Care proceeded for over 1 year and included passive and active therapy along with the manipulation during the duration of the injury. The carrier's records which were presented on this case were 2 peer reviews from PRI. The first was dated May 7, 2003 and concerned Durable Medical Equipment, which were

denied by Dr. S. The second review was performed by Dr. M and denied ongoing care in this case after April 22, 2003.

### DISPUTED SERVICES

Exams, office visits with manipulation, supplies and services, Ifosfamide injection, analysis computer/data, ultraviolet therapy, joint mobilization, therapeutic activities, manual traction, myofascial release, therapeutic exercises, nerve sys. surg., prolonged physician services, hot/cold packs, electrical stimulation, manipulation, extended follow-up office visits, chiropractic manual treatment and manual therapy techniques have been denied as medically unnecessary from March 28, 2003 through January 17, 2004.

### DECISION

The reviewer agrees with the prior adverse determination.

### BASIS FOR THE DECISION

The reviewer finds that the care that was rendered in this case was clearly over-utilization. The care rendered was not reasonably expecting to return the patient to a position of work, but rather seems to have extended her off-work time to an unreasonable period. The reviewer agrees that the first 5-6 months of care could be considered a reasonable timeframe for a patient to rehabilitate, especially considering the extremely high amount of care that was rendered by the treating doctor on this particular case. There is no evidence that the high level of usage on this case benefited the patient after that point and the level of treatment is not validated by any guideline or treatment protocol searched by the reviewer. As a result, the care is found to be neither reasonable nor necessary in this case.

\_\_\_ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. \_\_\_ has made no determinations regarding benefits available under the injured employee's policy

As an officer of \_\_\_, I certify that there is no known conflict between the reviewer, \_\_\_ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

\_\_\_ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,