

MDR Tracking Number: M5-04-1884-01

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 24, 2004.

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 office visits, therapeutic exercises, joint mobilization and myofascial release 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 02-24-03 to 03-07-03 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 10<sup>th</sup> day of June 2004.

Patricia Rodriguez  
Medical Dispute Resolution Officer  
Medical Review Division  
PR/pr

May 18, 2004

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IRO Certificate No.: 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.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. 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 and is currently on the TWCC Approved Doctor List.

## **REVIEWER'S REPORT**

### **Information Provided for Review:**

TWCC-60, Table of Disputed Services, EOB's  
Carrier's correspondence, peer reviews, evaluation reports 12/09/02 & 03/17/03.  
Reconsideration letter 04/14/03, designated doctor disputes 04/22/03 & 01/09/03.  
Clinical notes 11/12/02 thru 05/28/03; physical therapy notes 11/04/02 thru 03/07/03.  
FCE report 11/27/02; MRI lumbar spine 09/21/02

### **Clinical History:**

The claimant was 37 years old at the time he injured his lower back while at work on \_\_\_\_\_. The injured worker received appropriate exigent medical services, advanced invasive medical pain management services, physical therapy, and physical medicine services including chiropractic services for his compensable low back soft-tissue injuries. These services were administered over an 8-month period between the dates 07/25/02 through 03/17/03 at which time the injured worker was determined to have reached maximum medical improvement by a newly licensed, commission appointed, medical physician.

### **Disputed Services:**

Office visits, therapeutic exercises, joint mobilization and myofascial release during the period of 02/24/03 through 03/07/03.

### **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:**

On the basis of the clinical records submitted by the treating chiropractor, the services in question, including evaluation and management services, joint mobilization services, myofascial release and therapeutic exercise services were not substantiated as medically necessary.

This position is upheld by the AHCPDR guidelines, the Official Disability Guidelines, the commission's Spine Treatment Guidelines, the chiropractic profession's own consensus document (Mercy Center Conference guidelines), and current peer-reviewed medical literature regarding the subject of standard of care for the management and treatment of acute low back pain conditions.

Sincerely,