

MDR Tracking Number: M5-04-2079-01

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 3-11-04.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The chiropractic manipulative treatments, mechanical traction, and therapeutic exercises from 10/06/03 through 11/17/03 were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed service.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 10/06/03 through 11/17/03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Decision and Order is hereby issued this 12th day of July 2004.

Regina L. Cleave
Medical Dispute Resolution Officer
Medical Review Division

RLC/rlc

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

June 4, 2004

Re: IRO Case # M5-04-2079

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. Table of disputed service 10-6-03 – 11-17-03
2. Explanation of benefits
3. Initial M.D. report 6/11/03 and M.D. medical records
4. MRI lumbar spine report 10/10/03
5. Treating D.C. SOAP notes (influenced this opinion greatly)
6. Motor Nerve Conduction Velocity study 6/12/03
7. Progress notes
8. Diagnostic x-ray report
9. Prescription forms

10. Sensory nerve study 6/23/03
11. Physical examination report 7/25/03
12. Patient information form 9/24/03
13. TWCC change of treating doctor form 9/24/03
14. Return to work form 11/28/03
15. FCE report 6/27/03

History

The patient injured her low back in ____, when she was transporting a person in her care. The bed wheels got stuck between the floor and the elevator, and when she attempted to pull the bed she felt a sudden pain in her low back, right arm and shoulder. She saw a medical doctor, who prescribed physiotherapy, and FCE, motor nerve study, sensory nerve study, x-rays and medication. She changed treating doctors to the treating D.C. on 9/24/03 and began chiropractic treatment on 10/3/03

Requested Service(s)

CMT 3-4 regions, mech traction, ther exer 10/6/03-11/17/03

Decision

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

Rationale

The patient responded very poorly to the medical treatment from her first doctor. Her lack of response led to her change of doctor to the treating D.C. Her response to chiropractic treatment was excellent, and she was able to return to work on 11/24/03 without restrictions. The D.C.'s documentation is excellent, and he noted subjective complaints and objective findings to support all treatment given to the patient. The documentation shows that the patient had measurable or objective improvement, that the treatment was directed at progression to return to work, and that the treatment was provided in the least intensive and most cost effective setting. The treatment was appropriate and necessary, and the documentation shows that it was effective in relieving symptoms and improving function.

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