

MDR Tracking Number: M5-04-2288-01

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 March 16, 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 visit, therapeutic procedure 15min, joint mobilization, myofascial release, therapeutic procedure one or more areas and application of a modality 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 medical necessity 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 03-21-03 to 05-02-03 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 13th day of July 2004.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

PR/pr

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

June 10, 2004

Re: IRO Case # M5-04-2288-01

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, Rule 133.308 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 physician who is 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 3/21/03 – 5/2/03
2. Explanation of benefits
3. Initial report from treating D.C. 2/14/03
4. MRI lumbar spine report 2/25/03
5. Report of doctor 6/17/03
6. Electrodiagnostic report 3/21/03
7. Daily PT notes from treating D.C.
8. NCS report 3/21/03
9. Somatosensory study 3/21/03
10. Statement from respondent's lawyer
11. Peer reviews 7/22/03, 2/3/04

History

The patient injured his lower back in ___ when he slipped and fell. He had poor results with his initial treatment and changed his doctor to his treating D.C. in February 2003. He has been evaluated with MRI and electrodiagnostic studies and has been treated with medication, lumbar nerve blocks, therapeutic exercises and chiropractic treatment.

Requested Service(s)

Office visit, therapeutic procedure 15 min, joint mobilization myofascial release, therapeutic procedure one or more areas, applic modal 3/21/03 – 5/2/03

Decision

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

Rationale

The patient received a fair trial of chiropractic treatment prior to the dates in dispute with poor results. On 3/21/03, after weeks of treatment from the treating D.C., the patient stated that, "my low back pain is not getting any better." The medical records during the disputed period showed no relief of symptoms or improved function. In fact, the patient's condition deteriorated during this time. On 4/30/03 the patient stated that the severity of pain down both legs and ankles had increased. The treating D.C. assessed that "the patient has become worse since the last visit." The 2/25/03 MRI of the lumbar spine revealed advanced degenerative changes, disk bulges and an L5-S1 anterolisthesis. The prognosis for a successful outcome with chiropractic treatment was poor at the start of treatment. The D.C. should have realized prior to the dates in dispute that his treatment had failed to be beneficial to the patient. Instead, the treatment was continued for months, with poor results.

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