

THIS DECISION HAS BEEN APPEALED. THE FOLLOWING
IS THE RELATED SOAH DECISION NUMBER: 453-04-8177.M5

MDR Tracking Number: M5-04-2466-01

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 27, 2003.

In accordance with Rule 133.307 (d), requests for medical dispute resolution are considered timely if it is filed with the division no later than one (1) year after the date(s) of service in dispute. The Commission received the medical dispute resolution request on 02/27/03, therefore the following date(s) of service are not timely: 02-21-03

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 physician conference, levels I, III office visits, prolonged evaluation, massage therapy, myofascial release, misc. supplies, and muscle testing 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 02-27-03 to 07-08-03 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 22nd day of June 2004.

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

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

June 2, 2004

Re: IRO Case # M5-04-2466

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 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 2/27/03 – 7/8/03
2. Explanation of benefits
3. IME report 11/12/02
4. Review report 12/23/02
5. Designated doctor evaluation report 6/26/03
6. TWCC 69 7/25/03
7. Radiology report lumbar spine 8/5/02
8. Electrodiagnostic studies report 8/16/02
9. CY scan report lumbar spine 8/26/02
10. Myovision exam reports from treating D.C.
11. Narrative reports from treating D.C. 9/30/02, 8/5/02, 11/5/02
12. FCE reports 10/2/02, 11/6/02

13. Team conference reports from treating D.C.
14. Medical treatment records and treatment notes from treating D.C.
15. Reports from M.D.
16. Functional assessment reports
17. IR report 1/28/03
18. Medical progress evaluations from treating D.C.
19. Rehabilitation notes

History

The patient injured his low back in ____ when he lifted an 80-pound bag of concrete. He initially sought care from the treating D.C. a few days later. He has been evaluated by CT, x-rays and electrodiagnostic studies. He has been treated with chiropractic treatment and a work hardening program.

Requested Service(s)

Physician conference, levels I, III office visits, prolonged evaluation, massage therapy, myofascial release, misc.supplies, muscle testing 2/27/03-7/8/03

Decision

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

Rationale

The patient received an adequate and fair trial of chiropractic treatment prior to the dates in dispute without lasting benefit. The treatment notes provided for this review are poor in that they lack subjective complaints and objective findings to support any of the services in dispute. Expensive tests and treatment yielded little, if any, positive information or results. The records provided for review indicate that the patient had a lumbar sprain/strain injury superimposed on degenerative disk disease of the lumbar spine. This type of injury should have resolved within two months of treatment. Inappropriate treatment yielded poor results, which led to extended, costly treatment. Appropriate chiropractic treatment with a home-based exercise program would have been reasonable. The documentation provided fails to show the necessity of the services in dispute.

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