

**THIS DECISION HAS BEEN APPEALED. THE FOLLOWING  
IS THE RELATED SOAH DECISION NUMBER:**

**SOAH DOCKET NO. 453-05-0969.M5**

MDR Tracking Number: M5-04-2745-01

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 4-26-04.

Dates of service 7-3-03 and 1-8-04 were withdrawn by the requester in a letter dated 8-19-04.

The Medical Review 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 with manipulation, myofascial release, electrical stimulation, iontophoresis, ultrasound and hot-cold pack therapy from 5-2-03 through 7-22-03 were not medically necessary.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for dates of service from 5-2-03 through 7-22-03 are denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 27<sup>th</sup> day of August 2004.

Donna Auby  
Medical Dispute Resolution Officer  
Medical Review Division

DA/da

August 10, 2004

Texas Workers' Compensation Commission  
Medical Dispute Resolution  
Fax: (512) 804-4868

**REVISED REPORT**  
**Corrected dates of service.**

Re: Medical Dispute Resolution  
MDR #: M5-04-2745-01  
TWCC#:  
Injured Employee:  
DOI:  
SS#:  
IRO Certificate No.: 5055

Dear:

\_\_\_ 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

Information provided by Respondent: correspondence.

Information provided by Treating Doctor and numerous other providers of care (8): letter of medical necessity, SOAP notes, procedural notes (spine, orthopedic & therapist), evaluations, FCE & impairment ratings, designated doctor exams and peer reviews.

**Clinical History:**

This is a 33-year-old female. Date of injury was \_\_\_\_. Her diagnosis was facet joint injury with secondary myofascial pain of the right thoracic spine scapulature. She has received aggressive chiropractic treatment.

**Disputed Services:**

Office visits with manipulation, myofascial release, electrical stimulation, iontophoresis, ultrasound and hot/cold pack therapy from 05/02/03 to 07/22/03.

**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:**

Based on the amount of medical documentation, the patient progression, and the additional medical provider's that were brought in on this case with rehab, the reviewer feels that this case has been protracted out over a period of time given the diagnosis. During the course of this time, the original maximum medical improvement date of 10/02 was fairly close to accurate regarding the additional neurotomy that the maximum medical improvement doctor had recommended.

Continuing 2-3 times a week of chiropractic treatment for 14 months or at least up and through 12 to 16 months later is an over-utilization of care basically because the initial time of treatment of the ribs and the vertebrae in that area were very well needed for the reduction of pain, the increase in mobilization, and the expediting of the healing process. After a certain point, especially 6 months 3 times a week, chiropractic treatment can become counterproductive in which the ligaments and muscles in that area aren't allowed to heal because they are not being strengthened. The mobilization in the initial phase of care is much needed with the strengthening, flexibility, and range of motion. Active rehab and work hardening would offer help to expedite this case.

The patient's pain levels were fairly high in the beginning, but had they been expedited or pushed into the rehab phase of care inside of a normal window of treatment, this patient would have had a much greater chance for success and recovery. During this length of time, the patient may become depressed and de-conditioned over time. Therefore, their success in the rehab phase of care becomes less. Also, their dependency on treatment at that point in time becomes greater.

**Additional Comments:**

As far as the chiropractic treatment, the reviewer states that aggressive chiropractic treatment along with the questionable passive therapies would be a recommended course of treatment in the initial phase of care to last up to 6 weeks with some phase I/phase II active rehab included in that initial 6 weeks of care. At that point, if the patient's pain levels had not dropped significantly, pain management such as facet injections, nerve blocks, and trigger points would have been a viable option with the overall goal of pushing this patient into a true active rehab under physical therapy and orthopaedic guidance with the end all goal of completing a work/hardening program. That course of treatment would equate to about 5 months, which is when the original maximum medical improvement date was planned.