

MDR Tracking Number: M5-04-3036-01

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 May 12, 2004.

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 \$650.00** 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 office visits, electrical stimulation, hot/cold pack therapy, manual therapy, ultrasound therapy, self-care management training, therapeutic activities, and therapeutic exercises **were found** to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

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 09-22-03 through 11-14-03 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 Order is hereby issued this 25th day of August 2004.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

PR/pr

July 30, 2004

David Martinez
TWCC Medical Dispute Resolution
4000 IH 35 South, MS 48
Austin, TX 78704

Patient:
TWCC #:
MDR Tracking #: M5-04-3036-01
IRO #: 5251

Ziroc has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to Ziroc for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

Ziroc has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Medical Doctor board certified and specialized in Physical Medicine and Rehabilitation. The reviewer is on the TWCC Approved Doctor List (ADL). The Ziroc health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Ziroc for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

___ is a 29-year-old woman who injured her low back on ___ while working for ___. ___ System disputed her claim. She states that her back pain started after lifting boxes on ___. She had severe back pain the next day and went to the ER on 09/14/02. She reported she could not stand up straight and walk. ___ had numbness and tingling in her legs and feet when she sat for longer than ten minutes. On 09/24/02 Dr. G diagnosed her with lumbar strain and radiculitis, and then prescribed pain medication, muscle relaxants and therapies. From the records provided the reviewer cannot tell whether therapies began prior to 09/22/03. After her BRC hearing, tests and additional treatment based on the test results were started. MRI on 03/06/03 identified L4/5 disc narrowing and desiccation with 1 mm disc bulge with no stenosis or impingement. The carrier's letter stated that the original injury did not extend to the herniated disc level at L3/4, only at the L4/5 level. EMG testing by Dr. B on 08/14/03 identified L5/S1 radiculopathy right greater than the left, with motor unit changes indicative of an injury greater than six months old. Other records provided showed treatment beyond the dates in question for this review.

DISPUTED SERVICES

Under dispute is the medical necessity of office visits, electrical stimulation, hot/cold pack therapy, manual therapy, ultrasound therapy, self-care management training, therapeutic activities and therapeutic exercises.

DECISION

The reviewer disagrees with the prior adverse determination.

BASIS FOR THE DECISION

Delayed treatment in her lumbar disc injury allowed this patient's condition to worsen and allowed her to become de-conditioned, so that when treatment was started she failed to improve as rapidly as would normally be expected. Earlier treatment quite probably would have allowed her to improve with less treatment and a home exercise program. In order to return ___ to a functioning condition, the treatments provided were medically necessary.

Ziroc has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Ziroc has made no determinations regarding benefits available under the injured employee's policy

As an officer of ZRC Services, Inc, dba Ziroc, I certify that there is no known conflict between the reviewer, Ziroc and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Ziroc is forwarding this finding by US Postal Service to the TWCC.

Sincerely,