

MDR Tracking Number: M5-04-3037-01

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 14, 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 visits with manipulation, additional manipulation, chiropractic manipulation, therapeutic exercises, and mechanical traction 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 04-07-03 to 03-24-04 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 7<sup>th</sup> day of September 2004.

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

NOTICE OF INDEPENDENT REVIEW DECISION

August 5, 2004

Rosalinda Lopez  
Program Administrator  
Medical Review Division  
Texas Workers Compensation Commission  
7551 Metro Center Drive, Suite 100, MS 48  
Austin, TX 78744-1609

RE: Injured Worker:  
MDR Tracking #: M5-04-3037-01  
IRO Certificate #: IRO4326

The Texas Medical Foundation (TMF) has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to TMF for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

TMF has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. TMF's health care professional has signed a certification statement stating 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 the referral to TMF for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This 43 year old male was working as a carpenter when he was involved in a work related event \_\_\_\_\_. The claimant was lifting heavy shelving (the weight was not disclosed in the medical record) when he experienced a sudden pain in the axial lumbar spine that temporarily incapacitated him. Helped by his co-workers, he was able

to complete the day of work. Records show that the claimant was stuck in an antalgic, forward flexed posture with pain radiating into the distal right lower quarter. The patient remained at work while being treated for his lumbar spine condition. An MRI of the lumbar spine performed on 08/02/99 revealed right paracentral focal disc protrusion with abutment upon the nerve root. The MRI of the lumbar spine that was performed on 02/26/04 revealed evidence of discogenic disease at the L5-S1, bulging of the thecal sac anteriorly, lateralizing into the intervertebral foramina encroaching the existing nerve root on the right. The findings are slightly worsened since the study on 08/02/99. The examination with the chiropractor on 06/05/00 revealed an 8% impairment of the whole person function due to lumbar active range-of-motion loss and the need to continue conservative palliative management for active complaints for an undetermined duration. The provider has implemented treatment on 29 sessions from 04/07/03 through 03/24/04 that included office visits with manipulation, additional manipulation, chiropractic manipulation, therapeutic exercises and mechanical traction.

#### Requested Service(s)

Office visits with manipulation, additional manipulation, chiropractic manipulation, therapeutic exercises, and mechanical traction for dates of service 04/07/03 through 03/24/04.

#### Decision

It is determined that the office visits with manipulation, additional manipulation, chiropractic manipulation, therapeutic exercises and mechanical traction for the dates of service 04/07/03 through 03/24/04 were not medically necessary for the treatment of this patient's condition.

#### Rationale/Basis for Decision

The provider's rationale for the continued management of this claimant's low back condition is not clear in the reviewed medical record. In the course of managing this claimant's condition, it is evident from the medical record that the applications rendered are not goal directed and do not appear to be changing this claimant's condition. There is no rationale for 29 sessions of management from 04/07/03 through 03/24/04. Efficacy of the provider's therapeutics applications is not noted in a qualitative/quantitative manner in the provided medical record.

Management of this claimant's condition should be active and patient-driven, with treatment leading toward the claimant being able to control his own pain generators. Pain generators appear to be controlled through passive clinical application which is counterproductive in the management of this claimant's condition. There are no clear exercises prescribed to this claimant and no method to measure progress is available in the provided records.

The aforementioned information has been taken from the following guidelines of clinical practice and/or peer review references:

Carpenter DM, et al. *Low back strengthening for the prevention and treatment of low back pain*. Med Sci Sports Exerc. 1999 Jan;31(1):8-24.

*Overview of implementation of outcome assessment case management in the clinical practice*. Washington State Chiropractic Association; 2001. 54p.

Stig LC, et al. *Recovery pattern of patients treated with chiropractic spinal manipulative therapy for long-lasting or recurrent low back pain*. J Manipulative Physiol Ther. 2001 May;24(4):288-91.

Troyanovich SJ, et al. *Structural rehabilitation of the spine and posture: rationale for treatment beyond the resolution of symptoms*. J Manipulative Physiol Ther. 1998 Jan;21(1):37-50.

Sincerely,