

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

SOAH DOCKET NO. 453-05-4268.M5

MDR Tracking Number: M5-04-3447-01

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 6-07-04.

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 \$460** 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, chiropractic manipulative treatments, mechanical traction, electrical stimulation, supplies and materials, x-ray of spine, and x-ray of lumbosacral spine rendered from 12/16/03 through 1/16/04 were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed service.

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 outlined above as follows:

- in accordance with TWCC reimbursement methodologies for physical medicine for dates of service after August 1, 2003 per Commission Rule 134.202;
- 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 12/16/03 through 1/16/04 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 Decision and Order is hereby issued this 9th day of September 2004.

Regina L. Cleave
Medical Dispute Resolution Officer
Medical Review Division

NOTICE OF INDEPENDENT REVIEW DECISION

August 23, 2004

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 #: M5-04-3447-01
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 Medicine. 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 42 year-old female injured her back ____ while working at a Texas state hospital, resulting in chronic low back and neck pain. She presented to a chiropractor in Oklahoma on 12/16/03 complaining of worsening of her chronic neck and mid to low back pain, and pain radiating down her legs.

Requested Service(s)

Office visits, chiropractic manipulative therapy, mechanical traction, electrical stimulation, supplies and materials, x-ray of the spine, and x-ray of the lumbosacral spine for dates of service 12/16/03 through 01/16/04

Decision

It is determined that office visits, chiropractic manipulative therapy, mechanical traction, electrical stimulation, supplies and materials, x-ray of the spine, and x-ray of the lumbosacral spine were medically necessary to treat this patient's medical condition from 12/16/03 through 01/16/04.

Rationale/Basis for Decision

The medical records of the treating doctor more than adequately document the medical necessity of the treatment in dispute. The criteria for medical necessity were met since the patient obtained significant relief from the treatment. Therefore, it is decided that office visits, chiropractic manipulative therapy, mechanical traction, electrical stimulation, supplies and materials, x-ray of the spine, and x-ray of the lumbosacral spine were medically necessary to treat this patient's medical condition from 12/16/03 through 01/16/04.

Sincerely,