

MDR Tracking Number: M5-04-3578-01

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 06-17-04.

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 rendered from 11-13-03 through 11-26-03 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 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 date of service 11-13-03 through 11-26-03 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Findings and Decision is hereby issued this 24th day of August 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division
DLH/dlh

August 18, 2004

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

Patient:
TWCC #:
MDR Tracking #: M5-04-3578-01
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 Doctor of Chiropractic. 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

This patient was working for UT Systems in _____. He was diagnosed with a lumbar disc syndrome according to records from 1999, none available from 1993. He did not lose time from work, according to documentation included for review. Records indicate treatment in 1999, 2000, 2002 & 2003. The carrier contends that a simple low back strain from 1993 would not require treatment 10 years later.

DISPUTED SERVICES

Under dispute is the medical necessity of office visits 11/13/03 thru 11/26/03.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

This patient was injured in _____. The first record included for review was from 1999, which showed a diagnosis code of 722.1 (lumbar disc syndrome), however, there was no MRI report to substantiate that diagnosis. Further, it would appear that he received no treatment from 1993 to 1999, then recurring treatments in 2000, 2002 & 2003. The doctor's notes do not indicate that he is treating the patient for a lumbar disc syndrome, and instead documentation provides the diagnosis of cervical, thoracic & lumbar somatic segmental dysfunction. These diagnosis codes indicate that the patient was being treated for pain in the cervical, and thoracic spine, as well as the lumbar spine. Additionally, it does not appear that he initially regarded these visits in November of 2003 as a workers' compensation injury due to the fact that the records seem to indicate that he did not file it with the work comp carrier until March of 2004. For these reasons I recommend denial of the services in question as medically unnecessary for the work-related injury of _____.

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,