

THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:
SOAH DOCKET NO. 453-05-1458.M5

MDR Tracking Number: M5-04-3866-01

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 July 12, 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, manual traction, hot/cold packs therapy, electrical stimulation, neuromuscular re-education, mechanical traction, and chiropractic manipulative treatment-spinal-3-4 regions 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 08-13-03 to 12-29-03 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 17th day of September 2004.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

PR/pr

NOTICE OF INDEPENDENT REVIEW DECISION

September 14, 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 #: M5-04-3866-01
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 41 year-old male injured his back on ____ while unloading several 70-pound packages from his truck. His low back pain progressively increased in discomfort to the point that he could no longer perform his job duties. His diagnosis is lumbar disc displacement, lumbosacral neuritis, and lumbosacral disc degeneration.

Requested Service(s)

Office visits with manipulation (99213MP), manual traction (97122), hot/cold packs therapy (97010), electrical stimulation (97014), neuromuscular re-education (97112), mechanical traction (97012), and chiropractic manipulative treatment-spinal-3-4 regions (98941) for dates of service 08/13/03 through 12/29/03.

Decision

It is determined that there is no medical necessity for the office visits with manipulation, manual traction, hot/cold packs therapy, electrical stimulation, neuromuscular re-education, mechanical traction, and chiropractic manipulative treatment-spinal-3-4 regions for dates of service 08/13/03 through 12/29/03.

Rationale/Basis for Decision

Medical record documentation does not indicate the necessity for the services in question. According to clinical practice guidelines, an injury such as that of this patient is managed with an 8-week course of rehabilitation. The provider has failed to establish necessity for the continuation of passive management following the MMI date/impairment rating (5%) assigned on 07/30/03. Therefore, the office visits with manipulation, manual traction, hot/cold packs therapy, electrical stimulation, neuromuscular re-education, mechanical traction, and chiropractic manipulative treatment-spinal-3-4 regions for dates of service 08/13/03 through 12/29/03 were not medically necessary to treat this patient's medical condition.

Sincerely,