

MDR Tracking Number: M5-04-4249-01

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 08-16-04.

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, hot/cold pack therapy, electrical stimulation, manual therapy, therapeutic exercises, neuromuscular stimulator, neuromuscular stimulator supplies, electrodes, replacement battery, self care management training, LSO full corset, electric heating pad moist and physical performance testing 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 issues were the only issues involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for dates of service from 12-22-03 to 02-13-04 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Findings and Decision is hereby issued this 13th day of December 2004.

Debra L. Hewitt  
Medical Dispute Resolution Officer  
Medical Review Division

DLH/dlh

Enclosure: IRO decision

**IRO Medical Dispute Resolution M5 Retrospective Medical Necessity  
IRO Decision Notification Letter**

Date: 11/04/2004  
Injured Employee:  
MDR #: M5-04-4249-01  
TWCC #:  
MCMC Certification #: 5294

Requested Services: Dates of Service 12/22/2003 through 02/13/2004.

MCMC llc (MCMC) is an Independent Review Organization (IRO) that was selected by The Texas Workers' Compensation Commission to render a recommendation regarding the medical necessity of dates of Service 12/22/2003 through 02/13/2004

Please be advised that a MCMC Physician Advisor has determined that your request for M5 Retrospective Medical Necessity, Medical Dispute Resolution on 11/04/2004 concerning the medical necessity of the above references requested service hereby **Upholds the carrier's decision that the requested services are not medically necessary.** The decision is based on:

**REVIEW DATA:**

TWCC referral form and submitted clinical highlights. IRO acknowledgment and Invoice Notification Letter, dated 09/15/2004. Notification of assignment, dated 09/10/2004 (14pgs). Peer Review, Mike O'Kelley, D.C., dated 12/27/2003 (7pgs). Request for Reconsideration, Texas Injury Clinic (TIC), Julio Fajardo, dated 06/08/2004 (3pgs). Examination, TIC, dated 11/21/2003 (10pgs). Past Medical Report, dated 02/25/2004 (5pgs). Daily Notes, TIC, dated 12/02/2003-02/13/2004 (13pgs). Lumbosacral Rehabilitation Protocol, TIC, dated 12/08/2003-02/10/2004 (13pgs). Physical Testing/Performance Evaluation, dated 02/23/2004 (5pgs). Imaging/MRI of the Lumbar Spine, dated 01/12/2004 (5pgs). Durable Medical Equipment, dated 12/22/2003-08/16/2004 (12pgs). Executive Summary, Nondated (4pgs). Response to IRO Request For Medical Documents, dated 09/15/2004 (6pgs). Evaluation and Impairment Rating, Dr. Karim M. Meghahi, dated 02/16/2004 (4pgs). Date Ordered Medical Records/ TWCC, dated 09/15/2003 (11pgs). Occupational Injury Report, dated 06/14/2004 (3pgs). Texas Workers Compensation Work Status Report, dated 11/11/2003. Daily Notes/Dr. Juilo Farjardo, dated 11/13/2003-11/21/2003 (4pgs). Texas Workers Compensation Status Report, dated 11/21/2003. Daily Notes/Dr. Juilo Farjardo, dated 12/02/2003. Texas Workers Compensation Work Status Report, dated 12/03/2003. Daily Notes/Dr. Juilo Farjardo, dated 12/08/2003. Daily Notes/Dr. Juilo Farjardo, dated 12/10/2003 (3pgs). DME Certificate of Medical Necessity, dated 12/22/2003. Lumbosacral-Rehabilitation Protocol, dated 12/22/2003 (2pgs). Daily Notes/Julio Fajardo, dated 12/23/2003-12/24/2003 (2pgs). Peer Review/Mike O'Kelley, D.C., dated 12/27/2003 (7pgs). Physical Performance Evaluation, dated 06/14/2004 (2pgs). History and Physical, Dr. Ved V. Aggarwal, dated 12/31/2003 (4pgs). TIC/Dallas Pain Questionnaire, dated 02/19/2004. TIC/Re-Examination, Dr. Julio Farjardo, dated 01/02/2004 (3pgs). Texas Workers Compensation Work Status Report, dated 01/02/2004. MRI Group/MRI of the Cervical Spine, dated 01/12/2004 (4pgs). Daily Notes/Dr. Juilo Fajardo, dated 1/13, 01/19/2004 (3pgs). TIC/Lumbosacral-Rehab Protocol, dated 01/19/2004 (2pgs). Daily Notes/Dr. Julio Farjardo, dated 01/20/2004-01/21/2004 (2pgs). Record of Procedure with IV Sedation, Dr. Ved V. Aggarwal, dated 01/22/2004. (5pgs). Daily Notes/Julio Fajardo, dated 01/27/2004-01/30/2004. (3pgs). TIC/Cervical & Lumbosacral Rehabilitation Protocol, dated 01/27/2004 (2pgs). Texas Workers Compensation Work Status Report, dated 01/30/2004. Follow-up Assessment, dated 02/02/2004. Daily notes, / Dr. Juilo Fajardo, dated 02/04/2004. TIC Cervical/Lumbosacral Rehabilitation Protocol, dated 02/04/2004 (2pgs). Daily Notes/Dr. Juilo Farjardo, dated 02/05, 02/09, 02/10, 02/11, 02/13/2004 (6pgs). TWCC Report of Medical Evaluation, dated 02/16/2004. Evaluation and Impairment Rating, dated 02/16/2004 (4pgs). Record of Procedure/Procedure Notes, Dr. Ved V. Aggarwal, dated 02/19/2004 (4pgs). TIC, Physical Performance Evaluation, dated 02/23/2004 (2pgs). Re-examination, Dr. Juilo Farjardo, dated 02/25/2004 (3pgs). Texas Workers' Compensation Work Status Report, dated 02/25/2004. Daily Notes, Dr. Julio Farjardo, dated 03/12/2004. Texas Workers' Compensation Work Status Report, dated 03/12/2004. Health Builders Chiropractic, P.A. Check, dated 09/20/2004.

Upon careful review of the documentation supplied and consideration of the injured individuals history and mechanism of injury, the medical necessity for care, services and supplies from 12/22/2003 and beyond is not substantiated to be medically necessary. The above captioned individual was allegedly injured as a result of an occupational injury on \_\_\_\_\_. Conservative care was initiated on 09/12/2003. The provider at that time opined that the claimant had suffered a multi-level spinal sprain and sent the individual back to work with restrictions. During the course of care with this initial facility, the injured individual complained of pain levels in the 8/10 subjective scale range. A spine assessment form dated 09/18/2003 confirmed that the injured individual reported pain levels of 7-8/10. The injured individual also reported a prior accident some 3 years previous. The documentation also suggests that the injured individual reported having been diagnosed with a bulging disc as a result of the injury 3 years prior. The injured individual eventually sought care under the administration of the current attending physician on 11/10/2003. The injured individual was still complaining of similar pain levels and similar pain patterns. Chiropractic care ensued. As of 12/22/2003, six weeks into his course of chiropractic care and more than three months post initiation of conservative treatment, daily records indicate the continuation of severe pain as reported by the injured individual. Pain levels were reported to be 8/10. Furthermore, during this time period there are no indications that the injured worker significantly progressed from an objective standpoint from the initiation of care on 09/12/2003 through 11/10/2003, when the injured individual sought care from the current attending physician and through 12/22/2003 as per the daily clinical rotations. Given the mechanism of injury, a slip with no actual fall, it could not be reasonably expected that this injured individual would continue to experience severe pain levels as indicated and reviewed in the documentation. What is clear, from a review of the documentation, is that the care initiated on 09/12/2003 continuing through 12/22/2003, over the course of several providers, was not proving to be efficacious in this particular case.

Given the lack of evidence of efficacy and given the lack of evidence of subjective or objective progress, as well as the lack of clear complicating factors to warrant a protracted course of conservative care, the above captioned services and care from 12/22/2003 and beyond is not substantiated as to be medical necessary.

In light of the above discussion and consistent with standards of care within the generally accepted standards of chiropractic community, this reviewer is in agreement with the previous denial.

The reviewing provider is a licensed Chiropractor and certifies that no known conflict of interest exists between the reviewing chiropractor and any of the treating providers or any providers who reviewed the case for determination prior to referral to the IRO. The reviewing physician is on TWCC's Approved Doctor List.

This decision by MCMC is deemed to be a Commission decision and order (133.308(p) (5)).

**In accordance with commission rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U. S. Postal Service from the office of the IRO on this**

**16<sup>th</sup> day of November 2004.**

**Signature of IRO Employee:** \_\_\_\_\_

**Printed Name of IRO Employee:** \_\_\_\_\_