

MDR Tracking Number: M5-05-0088-01

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 8-31-04.

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 purchase of a treadmill on 12-30-03 was not medically necessary.

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 12-30-03 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Finding and Decision is hereby issued this 7<sup>th</sup> day of April 2005.

Donna Auby  
Medical Dispute Resolution Officer  
Medical Review Division

DA/da

Enclosure: IRO decision



Specialty Independent Review Organization, Inc.

April 1, 2005

Hilda Baker  
TWCC Medical Dispute Resolution  
7551 Metro Center Suite 100  
Austin, TX 78744

Patient:  
TWCC #:  
MDR Tracking #: M5-05-0088-01  
IRO #: 5284

Specialty IRO 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 Specialty IRO for independent review in accordance with TWCC Rule 133.308, which allows for medical dispute resolution by an IRO.

Specialty IRO 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.

This case was reviewed by a licensed Medical Doctor with a specialty in Pain Management and Anesthesiology. The reviewer is on the TWCC ADL. The Specialty IRO 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 Specialty IRO 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 62 year old woman sustained an injury to the lower back at work on \_\_\_\_\_. She has in the interval 13 years had an L3-L4 discectomy, right knee arthroscopic partial medial and lateral meniscectomy, L3-L5 discectomy, L2-S1 fusion, epidural steroid injections, as well as an EMG/NCT examination, and an MRI. The patient has also had a wide array of oral medications including Soma, ultram, Neurontin, Tramadol, ambien, and Hydrocodone/APAP. She has had physical therapy and chiropractic care.

Records reviewed:

Records from doctor-chart note 1-5-2004

Records from carrier-Dr. Combs-review of treatment records 12-16-2003

### DISPUTED SERVICES

The item in dispute is the retrospective medical necessity of the purchase of a treadmill.

### DECISION

The reviewer agrees with the previous adverse determination.

### BASIS FOR THE DECISION

Van Tulder et al (van Tulder MW, Malmivaara A, Esmail R, Koes BW.. Exercise therapy for low-back pain. *The Cochrane Database of Systematic Reviews* 2000, Issue 2. Art. No.: CD000335. DOI: 10.1002-14651858.CD000335) studied the effectiveness of exercise in patients with non-specific low back pain with or without radiation into the legs. There is strong evidence that exercise therapy is not more effective than inactive or other active treatments for acute low back pain. There is conflicting evidence on the effectiveness of exercise therapy compared with inactive treatments for chronic low back pain.

There are no specific trials supporting the use of a treadmill the treatment of low back pain.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that there is no known conflict between the reviewer, Specialty IRO and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Sincerely,

Wendy Perelli, CEO

CC: Specialty IRO Medical Director