

MDR Tracking Number: M5-05-0154-01

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 September 3, 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 range of motion, kinetic activities, therapeutic procedure, aquatic therapy, physical medicine treatment, manipulations, office visits, spirometry and electrocardiogram with interpretation and report, and self-care management training were not found to be 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 was the only issue** to be resolved. As the range of motion, kinetic activities, therapeutic procedure, aquatic therapy, physical medicine treatment, manipulations, office visits, spirometry and electrocardiogram with interpretation and report, and self-care management from 9/2/03 through 12/1/03 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 8<sup>th</sup> day of November 2004.

Margaret Q. Ojeda  
Medical Dispute Resolution Officer  
Medical Review Division

MQO/mqo

November 2, 2004

Texas Workers' Compensation Commission  
Medical Dispute Resolution  
Fax: (512) 804-4868

**CORRECTED REPORT**  
**Inclusion of services spirometry & electrocardiogram**  
**w/interpretation & report on 09/04/03.**

Re: Medical Dispute Resolution  
MDR #: M5-05-0154-01  
TWCC#:  
Injured Employee:  
DOI:  
SS#:  
IRO Certificate No.: 5055

Dear

\_\_\_ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, \_\_\_ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of \_\_\_ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is certified in chiropractic and is currently on the TWCC Approved Doctor List.

**REVIEWER'S REPORT**

**Information Provided for Review:**

TWCC-60, Table of Disputed Services, EOB's

Information provided by Respondent:

- Chiropractic utilization review 08/26/03
- Drug utilization review 09/09/03

Information provided by Requestor:

- Office note 09/02/03
- Post-rehab evaluation 10/06/03
- Physical therapy notes 09/08/03 – 10/03/03
- Neurological consult 11/10/03

Information provided by pain management specialist:

- office notes 06/24/03 – 02/02/04

**Clinical History:**

The claimant initially reported a work-related low back injury to his employer on \_\_\_\_\_. The records indicate he received appropriate urgent medical care, diagnostic procedures, and a protracted course of chiropractic services for the diagnosis of lumbar sprain/strain. These services were ongoing as of February of 2004.

**Disputed Services:**

ROM, kinetic activities, therapeutic procedure, aquatic therapy, physical medicine treatment, manipulation, office visits, spirometry and electrocardiogram with interpretation and report, and self-care management training during the period of 09/02/03 thru 12/01/03.

**Decision:**

The reviewer agrees with the determination of the insurance carrier and is of the opinion that the treatment and services in dispute as stated above were not medically necessary in this case.

**Rationale:**

There was credible medical evidence to support the premise that the patient sustained a lumbar sprain/strain, (soft tissue injury), only. These records indicate the patient received appropriate medical services, diagnostic procedures, and a protracted course of chiropractic care. Procedures performed on the dates in question by the chiropractic provider were not documented as medically necessary services by the required supportive clinical documentation.

Rule 134.500 of the Texas Labor Code Law/Texas Workers Compensation Act provides that an injured worker in Texas is entitled to all healthcare reasonably required by the nature of his injury as and when needed. These services must be documented as medically necessary services and supported as such by the clinical documentation submitted by the treating doctor. Clearly, the latter criterion was not documented as having been met by the clinical records submitted by the treating chiropractor.

A reasonable empirical trial of chiropractic services would have included a 2-week trial of an accepted method, after which, in the absence of documented measurable improvement, a trial of a 2nd approved method for an additional 2-week period would have been considered reasonable. Chiropractic services beyond the referenced time frames should be subject to increased scrutiny for medical necessity.

Under the heading, Return to Work Best Practice Guidelines, The Official Disability Guideline, (a publication of the Work Loss Data Institute), it is stated that based on their analysis and interpretation of 4 U.S. Government databases, a heavy laborer with the diagnosis of lumbar sprain/strain may safely return to work in 10 days when the condition is mild and 35 days if the sprain/strain is severe. This evidence-based reference text provides the following chiropractic treatment guidelines for the diagnosis of a lumbar sprain/strain: mild sprain/strain up to 6 visits over 2 weeks, severe sprain/strain trial of 6 visits over 2 weeks, with evidence of objective functional improvement. Total of up to 18 visits over 6-8 weeks, avoid chronicity.