

MDR Tracking Number: M5-05-1697-01

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 2-14-05.

The carrier had also denied these services with an "R – Extent of Injury". The issue of extent was resolved in a Hearing on 7-13-04 in favor of the injured worker. This dispute was then forwarded to the IRO to review the requested services on the issues of medical necessity.

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 aquatic therapy/exercises, therapeutic exercises, neuromuscular reeducation and analysis of clinical data from 10-08-04 through 10-11-04 were 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 dates of service are denied and the Medical Review Division declines to issue an Order in this dispute.

This Finding and Decision is hereby issued this 3rd day of May.

Medical Dispute Resolution Officer
Medical Review Division

Enclosure: IRO decision

April 18, 2005

Texas Workers Compensation Commission
MS48
7551 Metro Center Drive, Suite 100
Austin, Texas 78744-1609

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-05-1697-01
TWCC #:
Injured Employee:
Requestor: Jupiter Healthwork
Respondent: Flahive Ogden & Latson
MAXIMUS Case #: TW05-0061

MAXIMUS has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The MAXIMUS IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to MAXIMUS for independent review in accordance with this Rule.

MAXIMUS has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing chiropractor on the MAXIMUS external review panel who is familiar with the with the condition and treatment options at issue in this appeal. The reviewer has met the requirements for the ADL of TWCC or has been approved as an exception to the ADL requirement. The MAXIMUS chiropractor reviewer signed a statement certifying that no known conflicts of interest exist between this chiropractor and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to MAXIMUS for independent review. In addition, the MAXIMUS chiropractor reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a male who sustained a work related injury on _____. The patient reported that while at work as a truck driver, he was involved in an motor vehicle accident. The patient was evaluated in the emergency room at a local hospital where he underwent x-rays of his lumbar spine and was discharged with medications. Initial diagnoses consist of lumbar spine sprain/strain, thoracic spine sprain/strain, and fasciitis. An MRI of the lumbar spine performed on 11/12/03 revealed desiccation with a 6mm L5/S1 left central disc protrusion. Treatment for this patient's condition has included lumbar epidural steroid injections, aquatic therapy and physical therapy modalities. In 10/2004 the patient underwent a discectomy at the L5/S1 level followed by postoperative rehabilitation.

Requested Services

Aquatic therapy/exercises, therapeutic exercises, neuromuscular reeducation, and analysis of clinical data from 10/8/04 through 10/11/04.

Documents and/or information used by the reviewer to reach a decision:

Documents Submitted by Requestor:

1. Exercise Program/Back 11/17/03 – 2/20/04
2. Aquatic Rehabilitation Program charts 2/23/04 – 10/12/04
3. Examination Sheets 1/6/04 – 9/14/04
4. SOAP Notes 11/14/03 – 10/23/03

5. MRI report 11/12/03
6. Subsequent Medical Reports 1/7/04 – 9/14/04
7. Initial Medical Report 10/23/03

Documents Submitted by Respondent:

1. SOAP Notes 10/27/03 - 12/17/04
2. Same as above

Decision

The Carrier's denial of authorization for the requested services is upheld.

Rationale/Basis for Decision

The MAXIMUS chiropractor reviewer noted that this case concerns a male who sustained a work related injury to his back on _____. The MAXIMUS chiropractor reviewer indicated that this patient was treated with rehabilitative care for almost one year before undergoing surgery. The MAXIMUS chiropractor reviewer noted that the documentation provided does not demonstrate that the patient benefited from the treatment rendered. The MAXIMUS chiropractor reviewer indicated that the patient did not return to work and consistently reported a pain level of 5-8/10 during treatment. The MAXIMUS chiropractor reviewer explained that aquatic therapy and neuromuscular reeducation have not been proven to produce lasting results past the initial 8-12 weeks of treatment. The MAXIMUS chiropractor reviewer also explained that the documentation provided does not support the need for analysis of clinical data on 10/8/04 and 10/11/04. The MAXIMUS chiropractor reviewer further explained that treatment beyond the initial three months without subjective/objective improvement is not medically necessary. Therefore, the MAXIMUS chiropractor consultant concluded that the aquatic therapy/exercises, therapeutic exercises, neuromuscular reeducation, and analysis of clinical data from 10/8/04 through 10/11/04 were not medically necessary to treat this patient's condition.

Sincerely,
MAXIMUS

Elizabeth McDonald
State Appeals Department