

July 29, 2003

Re: Medical Dispute Resolution
MDR #: M5-03-2250-01
TWCC#:
IRO Certificate No.: IRO 5055

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

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 Medicine.

Clinical History:

This female claimant sustained a work-related injury on 10/15/02. She received conservative therapy modalities and treatments, medications, and work restrictions up until the dates in question.

Disputed Services:

Office visits with manipulations and FCE during the period of 02/28/03 through 03/07/03.

Decision:

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that the services in question were medically necessary in this case.

Rationale:

The treatments rendered during the period outlined above appear to be consistent with the spinal treatment guidelines adopted by the Texas Workers' Compensation Commission. They are also consistent with appropriate treatments for this diagnosis and follow the Texas Labor Code 408.021. The FCE performed on 03/07/03, is also necessary prior to referral of a patient to work hardening and is within normal treatment guidelines.

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.

Sincerely,