

MDR Tracking Number: M5-03-0024-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective January 1, 2002 and Commission Rule 133.305 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 Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. Therefore, in accordance with §133.308(q)(9), the Commission **Declines to Order** the respondent to refund the requestor for the paid 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. The myofascial release, therapeutic exercises, ultrasound therapy, office visits and mechanical traction therapy was found to not be medically necessary. The respondent raised no other reasons for denying reimbursement.

This Order is hereby issued this 29th day of January 2003.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

NLB/nlb

NOTICE OF INDEPENDENT REVIEW DECISION

December 30, 2002

Rosalinda Lopez
Program Administrator
Medical Review Division
Texas Workers Compensation Commission
4000 South IH-35, MS 48
Austin, TX 78704-7491

RE: MDR Tracking #: M5-03-0024-01
IRO Certificate #: 4326

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This 38 year old male sustained a work-related injury on ___ when he slipped while using a German Saw to cut a pipe injuring his lumbar spine and right ankle. An MRI performed on 11/12/01 revealed L4-5 3 to 4mm right parasagittal and midline protrusion with effacing of the thecal sac ventrally; L5-S1 6 to 7mm posterior lateral and far lateral distal protrusion/extrusion. Neurodiagnostics on 12/03/01 revealed a right L4-5 radiculopathy. The patient has undergone a variety therapeutic applications including: chiropractic, physical medicine, medication, epidural steroid injections, nerve root block, biofeedback chronic pain management, and work hardening.

Requested Service(s)

Chiropractic care (myofascial release, therapeutic exercises, ultrasound therapy, office visit, and mechanical traction therapy) from 10/30/01 through 05/23/02.

Decision

It is determined the chiropractic care (myofascial release, therapeutic exercises, ultrasound therapy, office visit, and mechanical traction therapy) from 10/30/01 through 05/23/02 was not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The patient had already completed a course of chiropractic and passive therapeutic applications prior to 10/30/01 that were not successful in alleviating the patient's pain complex. After a 6-8 week trial of passive chiropractic applications, a multidisciplinary treatment plan should have been adopted. The patient's care should have become more active and patient driven. Continued passive applications are of no medical benefit in treating this patient's condition. The patient had a date of maximum medical improvement as of 05/30/02. In addition, if this patient was determined not to be a surgical candidate or simply did not wish to pursue invasive application, then a more rapid transition through the levels of care should have been experienced.

It is not appropriate to resume primary passive unidisciplinary applications when transitioning a patient through a secondary and tertiary level of care. After the completion of the patient's initial unidisciplinary therapeutic application, an active focus in care needed to be adopted. Failure at each level of care needs to be documented by the provider in a sufficient manner that will allow the patient to qualify for the next progressive level of care. The above mentioned treatment algorithm is evident in the "The Unremitting Low Back Pain North American Spine Society Phase III Clinical Guideline for Multidisciplinary Spine Care Specialist", published 2000.

Therefore, the chiropractic care (myofascial release, therapeutic exercises, ultrasound therapy, office visit, and mechanical traction therapy) from 10/30/01 through 05/23/02 was not medically necessary.

Sincerely,