

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 prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(q)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

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 office visits with manipulations, therapeutic exercises, joint mobilization, myofascial release, supplemental manipulations, initial medical report, removal foot insert, device handling, supplies and materials, computer data analysis and therapeutic activities were found to be medically necessary. The respondent raised no other reasons for denying reimbursement.

This Finding and Decision is hereby issued this 22nd day of November 2002.

Noel L. Beavers  
Medical Dispute Resolution Officer

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 8/2/01 through 4/19/02 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 22nd day of November 2002.

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division

October 30, 2002

David Martinez  
TWCC Medical Dispute Resolution  
4000 IH 35 South, MS 48  
Austin, TX 78704

MDR Tracking #: M5 03 0043 01  
IRO #: 5251

\_\_\_ 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 \_\_\_ 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 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 Doctor of Chiropractic. The \_\_\_ 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 \_\_\_ 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

According to the documentation \_\_\_ is a 40 year old male who worked in the concrete industry for \_\_\_. He was injured at work on \_\_\_. His injury to the cervical and lumbar areas occurred while he was pulling a stuck saw blade out of concrete. He presented to \_\_\_ on August 1, 2001, who examined and X-rayed with the working diagnoses of Cervical and Lumbar Disc syndromes and Thoracic Sprain/Strain.

\_\_\_ referred \_\_\_ to \_\_\_, who saw him on August 8<sup>th</sup>, 2001. \_\_\_ suspected a herniated disc at L4/5 and L5/S1. He ordered MRI and prescribed a neuromuscular stimulator and conservative care. He also prescribed medications. \_\_\_ returned on September 5<sup>th</sup>, 2001. The MRI was unavailable due to gun shell fragments embedded in the patient's neck. A

CT scan was ordered instead. The CT was performed on September 7<sup>th</sup>, 2001 and it revealed a 6-8 mm disc bulge at L4/L5. A CT contrast was later performed on May 2<sup>nd</sup>, 2002 and revealed L5/S1 annular tearing and a herniated disc with contrast centrally indenting the thecal sac at L4/L5. Clinical correlation was given by \_\_\_\_, a radiologist, indicating some degree of foraminal encroachment affecting the left L4 nerve root.

Needle EMG was normal. \_\_\_\_ underwent 2 of 3 epidural steroid injections to the lumbar spine on November 11, 2001 and January 17<sup>th</sup>, 2002. The third ESI was not performed as the patient saw only temporary relief after the first injection. \_\_\_\_ ordered a discogram.

#### DISPUTED SERVICES

Office visits with manipulations, therapeutic exercises, joint mobilization, myofascial release, supplemental manipulations, initial medial report, removable foot insert, device handling, supplies & materials, computer data analysis, therapeutic activities which were denied as medically unnecessary.

#### DECISION

The reviewer disagrees with the prior adverse determination.

#### BASIS FOR THE DECISION

Documentation that was provided supports the medical necessity of the disputed treatment. The care rendered by \_\_\_\_ falls within the parameters set forth in the Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters, a TCA publication in 1994. It is my opinion that after reviewing the documentation that the care rendered by \_\_\_\_ was medically reasonable and necessary.

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

\_\_\_\_ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,