

MDR Tracking Number: M5-03-0050-01

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 (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent.

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 chiropractic services including manipulations, physical medicine treatment and supplies were not 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 Division has determined that chiropractic services including manipulation, physical medicine treatment and supply fees were the only fees involved in the medical dispute to be resolved. As the treatment was not found to be medically necessary, reimbursement for dates of service from 5/1/02 to 6/26/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 10th day of, March 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

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 #: M5-03-0050-01
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 46 year old male sustained a work-related injury on ___ with injury to his lower back. The patient attributes his injury to lifting boxes and books on ___ paired with a lack of truck and seat suspension in his delivery vehicle. An MRI of the lumbar spine performed on 08/14/01 revealed incidental degenerative changes at L1-2, L2-3, and L4-5; and facet spondylosis at L5-S1. Chiropractic care was begun on 01/07/02.

Requested Service(s)

Chiropractic services (manipulations, physical medicine treatment, and supplies) from 05/01/02 through 06/26/02.

Decision

It is determined that the chiropractic services (manipulations, physical medicine treatment, and supplies) from 05/01/02 through 06/26/02 were not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

After a trial of 6-8 weeks of chiropractic therapies, the patient should begin transition through active therapeutic applications. There is no medically substantiated basis for continued passive chiropractic applications that included manipulation after 03/07/02. Degenerative disc disease is an incidental finding and there is no medical documentation to support the findings of lumbar radicular syndrome such as neurodiagnostic studies. In addition, the medical documentation did not contain accurate appropriate baseline functional data and without accurate data, the provider cannot attribute any value to applied therapeutic applications. Reference: Overview of Implementation of Outcome Assessment Case Management in the Clinical Practice, published by the Washington State Chiropractic Association, published in 2001.

Therefore, it is determined that the chiropractic services (manipulations, physical medicine treatment, and supplies) from 05/01/02 through 06/26/02 were not medically necessary.

Sincerely,