

THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER:

SOAH DOCKET NO. 453-03-1904.M5

MDR Tracking Number: M5-03-0056-01

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 the office visits with manipulations, therapeutic exercise, myofascial release, electrical stimulation and manual traction 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 the disputed office visits with manipulations, therapeutic exercise, myofascial release, electrical stimulation and manual traction 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 8/22/01 to 9/21/01 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 6th day of December 2002.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

NLB/nlb

November 25, 2002

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-03-0056-01

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). ___ 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 ___ for independent review in accordance with this Rule.

___ 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 ___ external review panel. ___ 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 ___ for independent review. In addition, ___ chiropractor reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 57 year-old male who sustained a work related injury on ____. He sought chiropractic care on ___ with a complaint of low back pain. A MRI performed on 1/29/02 revealed 2 lumbar disc bulges and a nerve conduction study performed on 3/14/02 was consistent with right L5 radiculopathy. Treatment has included anti-inflammatory medications and analgesics, spinal manipulation, myofascial release, muscle stimulation, traction, therapeutic activity and home exercise

Requested Services

Office visits with manipulations, therapeutic exercise, myofascial release, electrical stimulation, and manual traction from 8/22/01 to 9/21/01, which were denied on the basis that they were not medically necessary for treatment of his condition.

Decision

The Carrier's denial of coverage for these services is upheld.

Rationale/Basis for Decision

___ chiropractor consultant noted that the member's initial chiropractic examination took place on 7/24/01. ___ chiropractor consultant indicated that there are few changes in the patient's condition from office visit to office visit during the period at issue and no daily or weekly pain assessments included in the records. ___ chiropractor consultant explained that the treatment records do not document that the care provided to this patient was benefiting his condition. Therefore, ___ chiropractor consultant concluded that these services were not medically necessary for treatment of his condition.

Sincerely,

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