

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 chiropractic treatment with therapy was found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these charges of chiropractic treatment with therapy.

This Finding and Decision is hereby issued this 17th day of April 2003.

Carol R. Lawrence
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 8/20/01 through 2/18/02 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 17th day of April 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/cl

February 12, 2003

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

MDR Tracking #: M5-03-0082-01
IRO #: 5251

___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Workers' 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.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Doctor of Chiropractic. The ___ health care professional has signed a certification statement stating that no know 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

The documentation states ___ was injured on ___. The mechanism of the injury is not in the documentation provided, but states the patient works as a fork lift driver. The documentation does state that the patient had an injury to the neck and low back. The patient underwent an anterior discectomy interbody fusion at the C4/5 level. The MRI dated 10/06/00 stated there were also tiny disc protrusions at the C5/6 and C6/7 levels. There was an MRI performed on 9/29/00 of the lumbar spine that found disc desiccation and mild bulging at the L5/S1 disc with a small left paracentral disc protrusion that mildly effaced the anterior thecal sac. There was also noted at this level encroachment of

the left neuroforamen. The patient was treated by ___ for this condition and received medications for pain control. ___ referred this patient to ___ for conservative care. The patient has undergone active and passive care for her condition of the low back and neck. The documentation from ___ states that the patient may need to change job descriptions due to her condition. The treatment notes from ___ and an FCE dated 12/7/01 was reviewed.

DISPUTED SERVICES

Under dispute is treatment provided to ___ from 8/20/01 through 2/18/02.

DECISION

The reviewer disagrees with the prior adverse determination.

BASIS FOR THE DECISION

The reviewer agrees with the medical necessity of chiropractic treatment for this patient for the dates in dispute. The documentation from ___ and ___ displays the need for the services provided. There was no peer review in the documentation explaining why this treatment was inadmissible. The patient's objective findings in the MRI scans performed were taken into account for the extent of the injury. Again, the records do not show the mechanism of injury. The FCE reflects that the patient was giving a full effort during the examination and noted her symptomatology that needed treatment treatment. The notes from ___ also reflected that the patient was experiencing relief from the care provided.

___ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. ___ has made no determinations regarding benefits available under the injured employee's policy

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,