

MDR Tracking Number: M5-03-0096-01

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 office visits, reports, DME and physical therapy were found to be medically necessary. The respondent raised no other reasons for denying reimbursement.

This Order is hereby issued this 20th day of December 2002.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

NLB/nlb

NOTICE OF INDEPENDENT REVIEW DECISION

Date: December 12, 2002

Requester/ Respondent Address : Rosalinda Lopez
TWCC
4000 South IH-35, MS-48
Austin, Texas 78704-7491

RE: MDR Tracking #: M5-03-0096-01
IRO Certificate #: 5242

___ 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 proposed 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 Family Practice physician reviewer who is board certified in Family Practice. The Family Practice physician reviewer 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 case involve a 41 year old female who injured her lower back while lifting boxes at ___ on ___. She was initially evaluated on 06/22/01 by the doctor who found patient to have moderate amount of muscle spasm and soreness of the lumbar region. There was no documented radiculopathy or other neurological abnormalities. She received paravertebral block at L4-L5 and L5-S1. The patient was also prescribed Parafon DSC, Vicodin ES, and Naprosyn. On 07/06/01, the doctor stated that the patient has fully recovered and she was returned to work on full duties. On 07/13/01, she had reached maximal medical improvement and was given medical release and McKenzie home exercises program. However, the patient was re-instated in the treatment program starting on 09/05/01 because of recurrent low back pain. She subsequently had MRI of lumbar spine, which was unremarkable.

Requested Service(s)

The medical necessity of the outpatient services from 09/26/01 – 01/14/02.

Decision

I agree with the carrier's decision to deny the coverage for outpatient services stated above because the patient's low back pain responded well to conservative treatment and her condition had resolved and maximum medical improvement was established on 07/13/01.

Rationale/Basis for Decision

The utilization of physical therapy is not concretely supported by current medical literature for the treatment of chronic recurrent low back pain. (Cherkin, DC, et al, **NEJM**, 1998 Oct 8:339(15):1021-9) Although further office visits, diagnostic testing, and referrals may be necessary, the documentation does not support that they would be medically necessary to treat the compensable work injury of ___.

This decision by the IRO is deemed to be a TWCC decision and order.

In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to TWCC via facsimile or U.S. Postal Service from the office of the IRO on this 13th day of December 2003.