

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

SOAH DOCKET NO. 453-03-1540.M5

MDR Tracking Number: M5-03-0109-01

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 Chiropractic treatment/services (including office visits, physical therapy, nerve conduction studies) rendered were not medically necessary.

Based on review of the disputed issues within the request, the Division has determined that Chiropractic treatment/services (including office visits, physical therapy, nerve conduction studies) fees were the only fees involved in the medical dispute to be resolved. As the treatment, (Chiropractic treatment/services, including office visits, physical therapy, nerve conduction studies) was not found to be medically necessary, reimbursement for dates of service from 3/19/02 through 6/21/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 13th day of November 2002.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

November 14, 2002

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

MDR Tracking #: M5-03-0109-01
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.

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 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

This dispute covers an approximate three-month period. ___ presented for evaluation and assessment of an “exacerbation” of injuries he sustained in a ___ work related injury. The mechanism of exacerbation was reported as: the patient bent over and felt his back go. This was two days before presentation. An exacerbation is generally seen as a new injury by definition. The documentation presented for review does not reflect this, but the extensive treatment and duration suggests this. The reviewer was only asked to review the medical documentation from the provider initiating the dispute for the period of unpaid claims. ___ MMI date was 10/17/01, and the reviewer assumes that he has had no care since that date.

The patient presented with an essentially benign mechanism for his (more appropriately termed) flair up. The reviewer cannot determine the nature of his presentation or how it compares to the previous findings. In general, flair ups, relapses and reoccurrences do not require diagnostics and extensive treatment, especially when the mechanism of injury was nothing more than normal activities of daily living. The patient was re-x-rayed. MRI findings were noted, however the reviewer cannot determine whether it was performed recently or previously. Clinical findings were mostly decreased ROM with pain, palpatory pain and tenderness, a few orthopedic tests and hypoesthesia of L5-S1 on the right and +1 MSR’s of the right patellar and Achilles reflexes. There was some slight weakness noted with isometric muscle testing of the right lower extremity muscles. The MRI was positive for discopathy at L3-S1. Conservative passive care was initiated and then progressed to active care. After one month of treatment, the re-exam report denoted no change in orthopedic testing and ROM was worse in some areas as were some of the tested muscles. Yet, the treating doctor denotes a 50% decrease. Treatment notes were generally of the “canned” nature, and offered no significant clinical information.

DISPUTED SERVICES

Disputed services include x-rays, office visits, nerve conduction studies, physical therapy, office visits with manipulation and prolonged physician services from March 19, 2002 through June 21, 2002.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

There was no trauma noted, and no other documentation was provided which would support the need for x-rays. There was no documentation of any NCV's. Based on the totality of documentation presented, to bring this flare-up under control, the reviewer would not have expected the duration of this case to go beyond two weeks. The documentation does not support the intensity and severity of services rendered, especially in light of the lack of progress documented.

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,