

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 IRO found only part of the disputed services medically necessary. However, the amount due for the medically necessary services do not exceed that found not medically necessary. On this basis, 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.

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 disputed Cervical MRI was found to be medically necessary and the Lumbar MRI was found not medically necessary. The respondent raised no other reasons for denying reimbursement.

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 date of service 4/11/02.

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 7th day of January 2003.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

NLB/nlb

CORRECTED

October 28, 2002

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

MDR Tracking #: M5 03 0317 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.

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 patient was injured while driving a motor vehicle in his normal work when another vehicle ran a red light and "T-boned" this patient's vehicle. The airbag apparently deployed on this vehicle, according to the position statement by the treating doctor, and the patient had an immediate onset of cervical, thoracic and lumbar spinal pain. She was transported by ambulance to ___, where she was treated and released.

The next day she presented to the current treating doctor, ___. His examination revealed a painful, spastic presentation of the cervical and lumbar spines. Encroachment, depressor, distraction, Soto Hall and Milgram's tests were considered positive in the cervical spine, indicating a probable disc involvement. Patrick Fabere, Milgram's and Ely's sign were positive in the lumbar spine, indicating probable sacro-iliac lesion.

The patient was referred to ___ for evaluation of the cervical spine and lumbar spine, which was performed on ___. This was about 11 days post

injury. The carrier on this case denied the service as medically unnecessary due to the fact that it does not fit the “established guidelines for severity of injury, intensity of

service and appropriateness of care.” There is no reference to what guidelines are used by ___ to make this determination. In its’ reconsideration of July 20, 2002, the carrier denied the MRI’s again, due to the fact that the tests “are not generally recommended in the first 4 weeks of symptoms unless there is an indication for prompt surgical intervention or clinical findings of a serious condition affecting the spine.”

DISPUTED SERVICES

The carrier has denied Cervical and Lumbar MRI as medically unnecessary.

DECISION

The reviewer disagrees with the prior adverse determination for the cervical MRI and agrees with the prior adverse determination for the lumbar spine.

BASIS FOR THE DECISION

The Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters indicate that plain film X-ray is the preferred method of diagnosis and this was performed by the hospital, as well as the treating doctor, and were negative for a frank pathology. The treating doctor’s examination on April 2 gave indication of a possible neurological involvement of the cervical spine, especially with the types of orthopedic tests that are presented as being positive. Considering the nature of chiropractic manipulative therapy and the possibility that both neurological and vascular compromise is possible with ongoing treatment in such a case, I would agree with the treating doctor that MRI would be reasonable. While the test did show some disc bulges, they largely were negative. The outcome of a test is not the definitive basis of medical necessity. A doctor is only able to look at evidence in a case to determine the necessity of the treatment. The carrier’s position that one should wait for 4 weeks before performing a diagnostic test flies in the face of reason on a case such as this and I would recommend that this test be considered reasonable.

In the lumbar MRI, there was no compelling evidence that this test was reasonable. The most likely diagnosis on this case was a sacro-iliac sprain/strain. There was no evidence that would give pause to believe that this patient was in any danger with regard to the treatment prescribed nor was there any reason to believe that this patient was in need of advanced care to treat this injury. Most likely the reason that the lumbar test was performed on this date of service was that the patient was already at the center for the cervical test and it was more convenient. However, convenience for a patient or doctor is not an issue in this case. The necessity was not demonstrated by the treating doctor and I would recommend that the lumbar MRI is neither reasonable nor necessary.

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,