

MDR Tracking Number: M5-03-0337-01

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 was not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Disputed services from 2/16/01 through 9/21/01 were not eligible for review. Per Rule 133.307(d)(1) disputed dates of service must be submitted to the Commission for review within one year of the date of service.

Based on review of the disputed issues within the request, the Division has determined that office visit 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 9/28/01 to 7/16/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 3rd day of January 2003.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

NLB/nlb

December 9, 2002

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

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___ 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 case involves a cervical spine injury which gave radiating pain into the right shoulder and apparently the left arm. She apparently underwent conservative care initially and underwent a cervical spine surgery. The records of the treating doctor are vague and non-contributory to a full understanding of the injury mechanism and the surgery type in this case. The records presented are poorly formatted and are not descriptive of the services rendered in this case. This patient was apparently being treated with chiropractic care following a surgical fusion of the cervical spine.

DISPUTED SERVICES

Office visits were denied as medically unnecessary from September 28, 2001 through July 16, 2002.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

The office notes presented to not indicate the level of care that was rendered to the patient nor of the type of care that was given on each date. These sheets that are used are not of the SOAP or any other format, but rather of the "travel card" variety. Each date of service has a statement regarding the Texas Labor Code, but no valid reasoning for the treatment. In my opinion, there is no reason to perform spinal manipulation in a patient that is so recently post-surgical for vertebral disc lesion. The treating clinic on this case has not presented reasonable evidence that this treatment was reasonable for this patient. I would agree with the carrier that this care was 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,