

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

**SOAH DOCKET NO. 453-03-2851.M5**

MDR Tracking Number: M5-03-0348-01

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, the total amount recommended for reimbursement does not represent a majority of the medical fees of the disputed healthcare and therefore, the **requestor did not prevail** in the IRO decision. Consequently, the requestor is not owed a refund of 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 physical therapy services from 2/11/02 through 2/27/02 were found to be medically necessary. The physical therapy services and work conditioning services from 3/5/02 through 6/4/02 were not found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these physical therapy services charges.

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 2/11/02 through 6/4/02 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 10<sup>th</sup> day of March 2003.

Carol R. Lawrence  
Medical Dispute Resolution Officer  
Medical Review Division

CRL/crl

February 10, 2003

## NOTICE OF INDEPENDENT REVIEW DECISION

**RE: MDR Tracking #: M5-03-0348-01**

\_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). \_\_\_ IRO Certificate Number is 5348. Texas Worker's Compensation

Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to \_\_\_ for independent review in accordance with this Rule.

\_\_\_ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing physician on \_\_\_ external review panel. This physician is board certified in physical medicine and rehabilitation. \_\_\_ physician reviewer signed a statement certifying that no known conflicts of interest exist between this physician and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to \_\_\_ for independent review. In addition, \_\_\_ physician reviewer certified that the review was performed without bias for or against any party in this case.

### Clinical History

This case concerns a 53 year-old male who sustained a work related injury on \_\_\_. The patient had an MRI and lumbar myelogram with CT scan. The diagnoses for this patient are herniated disc at the L2-L3 level and subligamentous herniation with a component of an extruded fragment. He underwent extensive workup, therapy and lumbar steroid injections followed by a laminectomy with decompression and stabilization/fusion at L3-5 on 4/2/01. He continued to have significant pain and underwent further work up with finding of an L2-3 herniated disc with extruded fragment. On 12/3/01 he underwent L2-3 laminectomy with facetectomies and fusion. He received physical therapy 2/11/02 through 6/4/02, part of which was a work hardening program.

### Requested Services

Physical therapy services and work condition services from 2/11/02 through 6/4/02.

### Decision

The Carrier's determination that these services were not medically necessary for the treatment of this patient's condition is partially overturned.

Rationale/Basis for Decision

\_\_\_ physician reviewer noted that the patient had sustained a work related injury on \_\_\_. \_\_\_ physician reviewer indicated that the patient had back surgery on 4/2/01 and 12/3/01. \_\_\_ physician reviewer explained that the work conditioning goals set for this patient appear to have been too intense. \_\_\_ physician reviewer indicated that the patient underwent 2 extensive back surgeries for his diagnoses of herniated disc at the L2-L3 level and subligamentous herniation with a component of an extruded fragment. \_\_\_ physician reviewer explained that the documents provided showed medical necessity for physical therapy 2/11/02 through 3/4/02, but not for physical therapy from 3/5/02 through 4/12/02. \_\_\_ physician reviewer also explained that the work conditioning program 4/22/02 through 5/10/02 was medically necessary, but not thereafter. Therefore, \_\_\_ physician consultant concluded that the physical therapy services 2/11/02 through 3/4/02 were medically necessary to treat this patient's condition. However, \_\_\_ physician consultant concluded that the physical therapy services from 3/5/02 through 4/12/02 were not medically necessary to treat this patient's condition. \_\_\_ physician consultant further concluded that the work-conditioning services from 4/22/02 through 5/10/02 were medically necessary to treat this patient's condition. However, \_\_\_ physician consultant concluded that the work-conditioning services from 5/11/02 through 6/4/02 were not medically necessary to treat this patient's condition.

Sincerely,

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