

MDR Tracking Number: M5-03-0362-01

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 office visits and physical therapy was not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Division has determined that office visits and physical therapy 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 5/6/02 to 7/12/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 23rd day of December 2002.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

NOTICE OF INDEPENDENT REVIEW DECISION

November 21, 2002

Rosalinda Lopez
Program Administrator
Medical Review Division
Texas Workers Compensation Commission
4000 South IH-35, MS 48
Austin, TX 78704-7491

RE: MDR Tracking #: M5-03-0362-01
IRO Certificate #: 4326

___ 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 rendered 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 matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. ___ health care professional 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 34 year old male sustained a work related injury on ___ when he was pulling a two wheeler full of merchandise over a curb, it broke and he fell on his lower back and buttock area. An MRI performed on 01/19/02 revealed a small disc herniation with degenerative narrowed disc space at L1-2. Spinal x-rays revealed normal lumbar and thoracic films. The cervical films revealed narrowing of the C6-C7 inner space posteriorly. A discogram was performed on 05/10/02. The patient was treated with epidural steroid injections and strengthening and stability exercises. The patient was under the care of a chiropractor and from 05/06/02 through 07/12/02, received office visits with manipulation and physical therapy.

Requested Service(s)

Office visits with manipulation and physical therapy from 05/06/02 through 07/12/02.

Decision

It is determined that the office visits with manipulation and physical therapy from 05/06/02 through 07/12/02 were not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The medical record documentation does not contain enough objective clinical findings to substantiate the medical necessity for manipulation and physical therapy from 05/06/02 through 07/12/02. The patient had over 3 ½ months of therapy, which included exercises and 3 epidural steroid injections. The patient's pain level only decreased from a 6 to a 5 on a 10 scale and the patient still reported having muscle spasms in the lumbar spine. The patient's progress had plateaued and further passive or active treatments would not help to decrease his pain and spasms, which were his main complaints. Therefore, the office visits with manipulation and physical therapy from 05/06/02 through 07/12/02 were not medically necessary.

Sincerely,