

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

SOAH DOCKET NO. 453-03-2716.M5

MDR Tracking Number: M5-03-0375-01

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. A manipulation (97260) and one therapeutic procedure (97250) from 2/13/02 through 2/25/02 were found to be medically necessary. The remaining therapeutic procedures, office visits, neuromuscular re-education, manipulations, myofascial release, ultrasound and electrical stimulation rendered from 2/26/02 to 5/24/02 were not considered medically necessary. The respondent raised no other reasons for denying reimbursement for these office visit and therapeutic procedure 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 2/13/02 through 5/24/02 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 31st day of January 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

NOTICE OF INDEPENDENT REVIEW DECISION

Date: December 12, 2002

Requester/ Respondent Address : Rosalinda Lopez
TWCC
4000 South IH-35, MS-48
Austin, Texas 78704-7491

RE: MDR Tracking #: M5-03-0375
IRO Certificate #: 5242

___ 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 proposed 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 Chiropractic physician reviewer. The Chiropractic physician reviewer 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

Records show that the claimant was injured at work on ___ while attempting to lift an incapacitated patient. It is my understanding that the claimant continued to work that day. On 01/22/02, the claimant visited the ___ with complaints of low back pain and radicular pain patterns. On 01/23/02, the claimant was evaluated at ___ by the doctor. He prescribed medications. She continued care at ___. On 02/12/02 she had an MRI of her lumbar spine which revealed an L4-L5 disc herniation with indentation of the thecal sac on the left. Neural foraminal stenosis was noted bilaterally, predominately on the left side due to facet hypertrophy. On 02/16/02, the claimant was evaluated by the doctor. The doctor's notes indicate motor strength sensation and reflexes to be normal in both extremities. On 02/28/02, the claimant began active physical therapy under the physical therapist. On 04/15/02, the claimant visited the doctor. His impression included lumbar strain with chronic low back pain and a herniated

nucleus pulposus with lumbar radiculitis, improving. The doctor's exam showed no sensory change, no muscular weakness, and reflexes normal. The doctor's notes also indicated that the claimant did not want to consider epidural steroid injections.

Requested Service(s)

Outpatient services rendered to the above patient from 02/13/02 through 05/24/02.

Decision

After careful review of all records received, I feel outpatient services at ___ rendered from 02/13/02 through 02/25/02 to be medically necessary. However, I do feel that many of the therapeutic modalities to have an overlapping effect. Therefore, manual manipulation and one modality of therapy was sufficient for the claimant's continued progress. Services rendered from 2/26/02 to 5/24/02 are not considered medically necessary.

Rationale/Basis for Decision

After review of the rehab notes, it appears that the claimant had no difficulty completing the recommended exercises. Therefore, doctor supervised rehab was only necessary on her initial rehab visit on 02/25/02. A home exercise program would have been sufficient thereafter. This is supported by the fact that records indicate that, on 03/03/02, the claimant reported no pain to exist in her lower back before or after her rehab exercises. From that point forward, it seems the claimant's symptoms increased slightly and reached a point of plateau.

This decision by the IRO is deemed to be a TWCC decision and order.

In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to TWCC via facsimile or U.S. Postal Service from the office of the IRO on this 13 th day of December 2003.
