

MDR Tracking Number: M5-03-0400-01

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 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.

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 office visits, physical medical treatment, contrast bath therapy, muscle testing, range of motion testing, kinetic activities, manipulations, special reports and neuromuscular re-education were found to not be medically necessary. The respondent raised no other reasons for denying reimbursement.

This Order is hereby issued this 10th day of January 2003.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

NLB/nlb

January 2, 2003

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-03-0400-01

___ 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 chiropractor on ___ external review panel. ___ chiropractor reviewer signed a statement certifying that no known conflicts of interest exist between this chiropractor 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, ___ chiropractor reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 56 year-old female who sustained a work related injury on ____. The patient reports that she worked as a stock replenishment clerk and that on ____ she was unloading a cart of merchandise she injured her back by lifting a box. The patient reports feeling her back lock up preventing her from bending and extending. The patient was diagnosed with lumbar disc herniation, lumbar radiculopathy, and lumbar sprain. The patient has been treated with cryotherapy, electrical stimulation, and manipulation and contrast baths.

Requested Services

Office visits, physical medical treatment, contrast bath therapy, muscle testing, range of motion testing, kinetic activities, manipulations, special reports, neuromuscular reeducation from 4/9/02 through 7/2/02.

Decision

The Carrier's denial of coverage for these services is upheld.

Rationale/Basis for Decision

___ chiropractor reviewer determined that the office visits, physical medical treatment, contrast bath therapy, muscle testing, range of motion testing, kinetic activities, manipulations, special reports, and neuromuscular reeducation from 4/9/02 through 7/2/02 were not medically necessary to treat this patient's condition. ___ chiropractor reviewer explained that the medical records provided contained minimal clinical documentation. ___ chiropractor reviewer also explained that the medical records provided failed to show the patient's response to the exercise protocol. ___ chiropractor reviewer further explained that the medical records provided failed to show patient's pain scale and soft tissue findings. Therefore, ___ chiropractor consultant concluded that the office visits, physical medical treatment, contrast bath therapy, muscle testing, range of motion testing, kinetic activities, manipulations, special reports, and neuromuscular reeducation from 4/9/02 through 7/2/02 were not medically necessary to treat this patient's condition.

Sincerely,

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