

MDR Tracking Number: M5-03-0472-01

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 amount due for the services found medically necessary do not exceed the amount due for the services found not medically necessary. Therefore, 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 hereby **declines to Order** the respondent to refund the requestor for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

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 office visits and therapeutic procedures, three times a week from 11/9/01 through 11/23/01 were found to be medically necessary. The office visits, educational services, modalities, physical performance testing, supplies, therapeutic procedures and diagnostic radiology from 11/9/01 through 5/16/02 were not medically necessary. The respondent raised no other reasons for denying reimbursement.

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 11/9/01 through 5/16/02.

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 8th day of May 2003.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

NLB/nlb

April 30, 2003

Re: MDR #: M5-03-0472-01

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is Certified in Chiropractic Medicine.

Clinical History:

This female claimant suffered slight to moderate pain in her middle to lower back following a job-related injury on ____. Her pain worsened throughout that day and she sought chiropractic care.

Disputed Services:

Office visits, educational services, modalities, physical performance testing, supplies, therapeutic procedures and diagnostic radiology for the period of 11/09/01 through 05/16/02.

Decision:

The reviewer partially agrees with the determination of the insurance carrier. The reviewer is of the opinion that three office visits to include therapeutic procedures (joint mobilization or manipulation) per week for the two-week period of 11/9/01 through 11/23/01 were medically necessary. The remainder of the office visits, educational services, modalities, physical performance testing, supplies, therapeutic procedures and diagnostic radiology during the period of 11/09/01 through 05/16/02 were not medically necessary in this case.

Rationale for Decision:

The patient's injury points toward a sprain/strain of the spine that would require six weeks of care to overcome her injury, versus only four weeks as allowed by the carrier

The patient's primary complaint of pain in her middle back and between her shoulders, as well as the lower mid-back pain, was slight and frequent. The pain in her low back and in the S-1 area and buttocks was slight and frequent. This low level of pain should not require the amount of pool therapy, and all the other modalities indicated, for six months following this type of injury.

The documentation provided for review was extremely voluminous, but very repetitive in nature. No changes in the treatment plan, or in the patient's subjective complaints were documented. The information

provided did not point to a disc rupture or a disc herniation. Slight-to-moderate pain was documented.

In the reviewer's experience, patients with a disc herniation or rupture have far more severe pain than this patient reported.

The records do not state that this patient had major symptoms of radiation down to her legs to the extent that she was unable to support her own weight. Weight-bearing exercise should have been appropriate for her, making pool exercise unnecessary.

I am the Secretary and General Counsel of ___ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Sincerely,