

MDR Tracking Number: M5-03-0477-01

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 chiropractic treatment (including office visits and manipulations) 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 chiropractic treatment (including office visit and manipulation) 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 6/12/02 to 7/25/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 27th day of February 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

February 20, 2003

Rosalinda Lopez
Texas Workers' Compensation Commission
Medical Dispute Resolution
4000 South IH-35, MS 48
Austin, TX 78704-7491
Fax: 804.4868

Re: Medical Dispute Resolution
MDR #: M5.03.0477.01
IRO Certificate No.: 5055

Dear Ms. Lopez:

___ 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 a doctor of Chiropractic Medicine.

Clinical History:

This female claimant sustained an injury to the right side of her head and neck on ___, while on her job. Cervical MRI was negative for herniated nucleus pulposus. She does have a cervical curve reversal, and altered nerve conduction study of the right upper extremity displayed carpal tunnel. The patient became pregnant early in her treatment program.

Disputed Services:

Chiropractic treatment from 06/12/02 through 07/25/02.

Decision:

The reviewer agrees with the determination of the insurance carrier. The reviewer is of the opinion that the treatment in question was not medically necessary.

Rationale for Decision:

Over the four-month period following the injury, the patient underwent all passive and no active modalities of treatment. The frequency of treatment stayed basically the same, offering no lasting improvement. There was a lack of documented efficacy of

this treatment. Forty-six session of treatment resulted in, essentially, no improvement in the patient's physical status. The treating physician's rationale was that the patient was not improving because she was pregnant.

Pregnancy does present some complications in treatment, but should not have prevented active therapy. The passive therapy time was exhausted and active care should have been started. Active rehabilitation is a necessity for improvement in this type of injury.

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,