

MDR Tracking Number: M5-03-0496-01

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 **or January 1, 2003** 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 office visits and physical therapy were 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 visit and physical therapy fees were the only fees involved in the medical dispute to be resolved since the requestor withdrew the two dates of service denied per the MFG. As the treatment was not found to be medically necessary, reimbursement for dates of service from 5-6-02 through 7-1-02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 21st day of March 2003.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

DZT/dzt

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

January 28, 2003

Re: IRO Case # M5-03-0496

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a Doctor of Chiropractic who is licensed by the State of Texas. He or she has signed a certification statement attesting 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 referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient was injured on ___ when he lifted a heavy spool of wire. Notes from a 9/6/01 follow up visit document that the patient was asymptomatic and was working. He was given a 0% whole person impairment and was evaluated to be at MMI 9/6/01. The patient changed treating doctors in November, 2001. He was diagnosed with lumbar sprain/strain and taken off work. An MRI showed minor disc bulges and spondylosis L3-L5.

Requested Service

Chiropractic treatment 5/6/02 through 7/1/02.

Decision

I agree with the carrier's decision to deny the requested treatment.

Rationale

The patient's injury, a lumbar sprain/strain, occurred on ____. The disputed services are treatment administered some eight months post-injury. It is well documented in medical literature that a lumbar sprain/strain should resolve in eight to twelve weeks, and care after this time is not indicated for the original injury. The documentation suggests that the sprain/strain was superimposed on the preexisting lumbar disk bulges and spondylosis. The documentation presented reveals that the injury was very minor, and it is possible that the spondylosis and bulges were not even affected. The documentation of 3/25/02 reveals that the patient was pain free with essentially normal exam findings.

It is well documented in medical literature that iatrogenic nocebo effects often

occur when over utilization or inappropriate treatment for minor injuries is allowed to continue. Any treatment past 11/26/01 was unnecessary. All of the documentation presented reveals the injury to be very minor, and clearly would not necessitate extensive therapy or chiropractic treatment.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

Sincerely,