

MDR Tracking Number: M5-03-0504-01

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, 2003 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 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 the functional capacity evaluation, physical therapy sessions, phonophoresis and phonophoresis supplies, office visits, and required reports 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 the functional capacity evaluation, physical therapy sessions, phonophoresis and phonophoresis supplies, office visits, and required reports 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 1/28/02 through 6/20/02 are denied and the Division declines to issue an Order in this dispute.

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

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division
MQO/mqo

NOTICE OF INDEPENDENT REVIEW DECISION

May 22, 2003

Rosalinda Lopez
Program Administrator
Medical Review Division
Texas Workers Compensation Commission
4000 South IH-35, MS 48
Austin, TX 78704-7491

RE: MDR Tracking #: M5-03-0504-01
IRO Certificate #: IRO4326

___ 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 rendered 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 matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. ___'s health care professional 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

This patient sustained an injury on ___ from falling off a ladder striking his chest, injuring his neck, low back, and left hip. He initially saw a chiropractor for therapy and started a work hardening program in December of 1999. He also has been seen by a pain management physician and has had numerous trigger point injections, sacroiliac joint injections, and facet injections. The patient also continued seeing his chiropractor for physical therapy and other treatment modalities.

Requested Service(s)

The Functional Capacity Evaluation (FCE), physical therapy sessions, phonophoresis and phonophoresis supplies, office visits, and required reports from 01/28/02 through 06/20/02

Decision

It is determined that the Functional Capacity Evaluation (FCE), physical therapy sessions, phonophoresis and phonophoresis supplies, office visits, and required reports from 01/28/02 through 06/20/02 were not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The medical records reviewed indicated the patient was initially diagnosed with a thoracic sprain and possible disc herniations in the cervical, thoracic, and lumbar region. He was also diagnosed with thoracic or lumbosacral neuritis. The patient's cervical and lumbar MRI studies from 08/06/99 were normal.

The patient underwent a left sacroiliac injection on 02/02/00 and was subsequently treated with joint mobilization and massage. The patient was then referred to a pain management specialist and received six trigger point injections on 03/15/00. He also continued joint mobilization, aquatic therapy, rehabilitation exercises, and modalities with his chiropractor.

The patient continued with injections and a facet block and further trigger point injections were performed on 04/21/00. The patient also had a median nerve branch block at L3-4, L4-5, and L5-S1 on the left on 06/17/00. The patient then underwent radiofrequency denervation on 08/08/00 and he was determined to be at maximum improvement with a 17% impairment rating.

Over the next few months, the patient had numerous trigger point and sacroiliac injections. The chiropractic treatments continued through 06/18/02 even though no appreciable improvement was noted in the documentation.

According to current chiropractic treatment guidelines, an adequate trial of care is defined as a course of two weeks each of different types of manual procedures (four weeks total), after which, in the absence of documented improvement, manual procedures are no longer indicated (*Haldeman, S. Chapman-Smith, D., and Petersen, D., Guidelines for Chiropractic Quality Assurance and Practice Parameters, Aspen, Gaithersburg, Maryland, 1993*). The patient had a protracted course of care in excess of the parameters delineated by the above-mentioned document and the care rendered did not cure or relieve his pain and did not result in a functional return to work. Therefore, the Functional Capacity Evaluation (FCE), physical therapy sessions, phonophoresis and phonophoresis supplies, office visits, and required reports from 01/28/02 through 06/20/02 were not medically necessary.

Sincerely,