

**THIS DECISION HAS BEEN APPEALED. THE  
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:  
SOAH DOCKET NO. 453-03-3356.M5**

MDR Tracking Number: M5-03-0533-01

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 office visits with manipulations 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 chiropractic office visit with 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 12/31/01 to 9/25/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 1<sup>st</sup> day of May 2003.

Carol R. Lawrence  
Medical Dispute Resolution Officer  
Medical Review Division

CRL/crl

April 22, 2003

Re: MDR #: M5.03.0533.01

\_\_\_ 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 42-year-old male claimant sustained a work-related injury to his lumbar spine on \_\_\_\_\_. He was transported via ambulance to the hospital where he was released later the same day. MRI of the lumbar spine on 07/19/01 revealed a 1.0 mm non-lateralizing circumferential disc bulge,

and disc desiccation at L3-L4 and L4-L5. The patient was treated from 12/31/01 through 09/25/02 with chiropractic applications.

Disputed Services:

Chiropractic office visits with manipulations from 12/31/01 through 09/25/02.

Decision:

The reviewer agrees with the determination of the insurance carrier. The reviewer is of the opinion that the treatments in question were not medically necessary in this case.

Rationale for Decision:

The provider applied passive uni-disciplinary treatment application to this patient. Given the patient's mechanism of injury and medical condition, and from the documentation reviewed, it is not appropriate to engage passive uni-disciplinary applications.

The patient was over six months post-accident when manipulation therapeutics began. The records show that the provider treated the patient on 45 occasions from 12/31/01 through 09/25/02 with no quantitative or qualitative data that would support the application of continued passive therapeutics. It is common practice with patients who suffer whiplash-associated disorders to implement increasingly active applications in order to return the patient to a normative lifestyle as rapidly as possible. No direction to a home rehabilitation-based program that would support an active patient-driven focus was found in the records presented for review.

The aforementioned information has been taken from the following guidelines in clinical practice:

- *Clinical Practice Guidelines for the Physiotherapy of Patients with Whiplash Associated Disorders, Spine*, Vol. 27, No. 4, pp. 412-422.
- *Overview of Implementation of Outcome Assessment Case Management in the Clinical Practice*. Washington State Chiropractic Association; 2001, 54 p.
- *Unremitting Low Back Pain, North American Spine Society Phase III Clinical Guidelines for Multi-Disciplinary Spine Care Specialists*. North American Spine Society; 2000, 96 p.

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,