

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 Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(q)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** 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 physical therapy were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these office visits and physical therapy charges.

This Finding and Decision is hereby issued this 6th day of December 2002.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

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 3/11/02 through 3/28/02 in this dispute and IRO fee.

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 6th day of December 2002.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/cl

December 3, 2002

David Martinez
TWCC Medical Dispute Resolution
4000 IH 35 South, MS 48
Austin, TX 78704

MDR Tracking #: M5 03 0550 01
IRO #: 5251

___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this 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 care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Doctor of Chiropractic. The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors 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 the dispute.

CLINICAL HISTORY

___ initially injured her low back in a work accident on ___ when she slipped and fell on a wet floor in a bathroom. The patient had low back surgery on August 30, 2001. The patient did not respond well to surgery or conservative care following her surgery. The patient's surgeon recommended continuation of therapy. On April 5, 2002 the patient had a MRI with and without contrast and it was found that some of the hardware from the

surgery was encroaching on the left L5 nerve root sleeve. On June 4, 2002 the surgeon recommended that the patient undergo surgery to remove the hardware in her low back. The patient chose to have lumbar injections instead and had one on July 5, 2002 and another on August 26, 2002 which seemed to help her symptoms. A third was planned on October 7, 2002. The patient as of the last date of office notes has declined to have surgery to remove her hardware since her injections are working.

DISPUTED SERVICES

The carrier has denied office visits and physical therapy treatments rendered from March 11, 2002 to March 28, 2002.

DECISION

The reviewer disagrees with the prior adverse determination.

BASIS FOR THE DECISION

According to information provided, the care from March 11, 2002 through March 28, 2002 is appropriate in this case. The case is quite complicated as it appears that the surgical hardware was irritating the nerve root and is the reason for the extended symptoms related to this case. The treating doctor properly diagnosed this and then changed his treatment plan accordingly. This would be in accordance with the Texas Guidelines for Chiropractic Assurance and Practice Parameters.

As an officer of ____, I certify that there is no known conflict between the reviewer, ____ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

____ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,