

MDR Tracking Number: M5-03-0657-01

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 office visits, physical therapy and diagnostic studies 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 visits, physical therapy and diagnostic study 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 11/2/01 to 3/20/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 25<sup>th</sup> day of April 2003.

Carol R. Lawrence  
Medical Dispute Resolution Officer  
Medical Review Division

CRL/crl

**IRO Certificate #4599**

**NOTICE OF INDEPENDENT REVIEW DECISION**

March 13, 2003

**Re: IRO Case # M5-03-0657**

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 \_\_\_ when she picked up a box of Clorox and felt back pain. She was treated with chiropractic treatment, physical therapy, an epidural steroid injection and an IDET procedure.

Requested Service

Physical therapy, office visits, diagnostic studies 11/20/01 – 3/20/02

Decision

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

Rationale

The documentation presented for this review fails to support the necessity of the treatment for the dates of service under dispute. SSEPs have been found to have little clinical value, are not cost effective and would add no meaningful information to the MRI that had already been performed. There was no documentation of how the chiropractor used the SSEP results to help treat the patient.. Lumbar range of motion studies are considered a standard part of an exam, except when done during an FCE.

The documentation presented fails to show why and what kind of therapeutic exercises were used for the benefit of this patient. The patient had extensive chiropractic, physical therapy and an ESI. The documentation fails to show any relief of the patient's symptoms or any functional improvement.

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

Sincerely,