

MDR Tracking Number: M5-03-0661-01

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 treatment from 11/29/01 through 8/26/02 was 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 treatment 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 11/29/01 through 8/26/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 29th day of January 2003.

Noel L. Beavers  
Medical Dispute Resolution Officer  
Medical Review Division

NLB/nlb

**IRO Certificate #4599**

**NOTICE OF INDEPENDENT REVIEW DECISION**

January 10, 2003

**Re: IRO Case # M5-03-0661**

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 in \_\_\_ when he stepped off a ladder and lunged forward injuring his lower back. He underwent physical therapy, which did not relieve his pain. An MRI was performed 12/11/00 and it was determined that the patient was not a surgical candidate. The patient was given a 0% impairment rating with an MMI date of 11/27/00. The patient's pain continued and on 4/11/02 an epidural steroid injection and physical therapy were recommended. On 7/6/01 the patient received an IME and was diagnosed with a lumbar strain, severe arthritis of the lumbar spine and given an impairment rating of 0% and MMI as of 7/6/01. Apparently an IDET procedure was performed on 1/23/02 and chiropractic treatment was resumed on 1/29/02. The patient has received extensive chiropractic care, acupuncture, rehabilitation exercises, aqua therapy and pain management with little improvement.

#### Requested Service

Chiropractic treatment 11/29/01 to 8/26/02

#### Decision

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

#### Rationale

The documentation presented indicates that the injury sustained was lumbar sprain/strain superimposed on preexisting degenerative disk changes of the lumbar spine. This condition should resolve in 8-12 weeks with appropriate treatment. MMI was reached 7/6/01 and any conservative treatment after that date would not be of benefit to the patient because extensive therapy prior to 7/6/01 had not yielded improvement in the patient's condition.

The chiropractor's daily SOAP notes fail to show very much, if any, improvement in the patient's condition for the dates in dispute. Each daily note appears to be the same with each treatment and the notes consistently lack significant objective findings and subjective

complaints to warrant or support continued chiropractic care. Treatment may have possibly been resulting in iatrogenic nocebo effects which have been documented in medical literature and often occur when over utilization or inappropriate treatment is allowed to continue. Properly administered chiropractic care should resolve or significantly reduce the subjective complaints and objective findings presented in cases such as this within 8-12 weeks of the start of treatment.

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

### **YOUR RIGHT TO REQUEST A HEARING**

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing. A request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3). This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to: Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P O Box 40669, Austin, TX 78704-0012. A copy of this decision should be attached to the request.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

Sincerely,