

MDR Tracking Number: M5-03-0695-01

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 the disputed chiropractic treatments 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 disputed 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 1/2/02 to 7/1/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 24th day of April 2003.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

NLB/nlb

April 16, 2003

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-03-0695-01

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). ___ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ___ for independent review in accordance with this Rule.

___ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing chiropractor on the ___ external review panel. The ___ chiropractor reviewer signed a statement certifying that no known conflicts of interest exist between this chiropractor and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ___ for independent review. In addition, the ___ chiropractor reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 29 year-old male who sustained a work related injury on _____. The patient reported that while at work as a _____, he was carrying lumber when he experienced lower back pain. The patient was initially treated with medication and therapy without improvement. He was then treated by a chiropractor and was diagnosed with thoracic sprain/strain, lumbosacral intervertebral disc syndrome and cervical sprain/strain. The patient was treated with extensive therapy. The patient has also had an MRI, underwent an EMG, and flexion/extension films.

Requested Services

Chiropractic treatments from 1/2/02 through 7/1/02.

Decision

The Carrier's determination that these services were not medically necessary for the treatment of this patient's condition is upheld.

Rationale/Basis for Decision

The _____ chiropractor reviewer noted that the patient sustained a work related injury on _____. The _____ chiropractor reviewer also noted that the patient was treated with medication, physical therapy and chiropractic care. The _____ chiropractor reviewer explained that the treatment notes do not document medical need for ongoing care from 1/2/02 through 7/1/02. The _____ chiropractor reviewer also explained that this period of time for this condition is a long time to treat without more elaborate documentation to substantiate continued care. The _____ chiropractor reviewer further explained that the treatment notes do not document sufficient progress to warrant ongoing care. Therefore, the _____ chiropractor consultant concluded that the chiropractic treatments from 1/2/02 through 7/1/02 were not medically necessary to treat this patient's condition.

Sincerely,