

THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER:

SOAH DOCKET NO. 453-03-2705.M5

MDR Tracking Number: M5-03-0716-01

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 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 did not prevail** on the issues of medical necessity. Therefore, in accordance with §133.308(q)(9), the Commission **Declines to Order** the respondent to refund the requestor for the paid IRO fee.

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 were found to be not medically necessary. The respondent raised no other reasons for denying reimbursement.

This Order is hereby issued this 8th day of January 2003.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

NLB/nlb

December 20, 2002

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-03-0716-01

___ 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 ___ external review panel. ___ 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, ___ chiropractor reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 50 year-old gentleman who sustained a work related injury on ___ to his lumbar back. The patient reports pain in his lumbar spinal region and abdomen. The patient has been diagnosed with hyperesthesia located at the right upper quadrant of the abdomen and the right lower quadrant of the abdomen. The patient has been treated with chiropractic manipulations including manual adjusting procedures, myofascial release, joint mobilization, and manual traction.

Requested Services

Office visits from 4/4/02 through 7/30/02.

Decision

The Carrier's denial of coverage for these services is upheld.

Rationale/Basis for Decision

___ chiropractor reviewer noted that after reviewing the medical records provided that this patient sustained a work related injury to his spinal area on ___. ___ chiropractor reviewer also noted the patient was treated with chiropractic care for this injury. ___ chiropractor reviewer explained that the medical records indicated the patient has not made any progress with the treatment rendered. ___ chiropractor reviewer also explained that the patient had become more distraught and anxious instead of showing improvement. Therefore, ___ chiropractor consultant concluded that the office visits from 4/4/02 through 7/30/02 were not medically necessary.

Sincerely,