

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 physical therapy and acupuncture 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 physical therapy and acupuncture 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 5/22/02 to 6/27/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 5th day of February 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

NOTICE OF INDEPENDENT REVIEW DECISION

Date: January 2, 2003

Requester/ Respondent Address : Rosalinda Lopez
TWCC
4000 South IH-35, MS-48
Austin, Texas 78704-7491

RE: MDR Tracking #: M5-03-0723-01
IRO Certificate #: 5242

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced 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 proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any

documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a Physical Medicine and Rehabilitation/Chiropractic physician reviewer who is board certified in Physical Medicine and Rehabilitation. The Physical Medicine and Rehabilitation/Chiropractic physician reviewer has signed a certification statement stating 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 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 this case.

Clinical History

The claimant is a now 40 year old male who reported a work injury when lifting a case of soda off the floor on _____. He was diagnosed with a sprain/strain injury. He was treated conservatively, followed by the _____. He subsequently had MRI performed, discogram with CT. The MRI showed pre-existing degenerative disc disease of the spine. He had injection therapy to the sacroiliac joints and an arthrogram on 8-28-01. He was determined to not be a surgical candidate by the doctor due to his degenerative discs disease and test findings. This patient was placed at Maximum Medical Improvement by his designated physician, on 5-15-02 with an impairment rating. The patient since this time has continued from 5-22-02 to 6-27-02 with conservative care of therapy modalities and acupuncture.

Requested Service(s)

Physical therapy and acupuncture from 5-22-02 to 6-27-02.

Decision

Conservative care, with passive modalities and acupuncture after 5-22-02, is not medically necessary

Rationale/Basis for Decision

This patient has had a long history of treatment prior to 5-22-02. He would be now a chronic pain patient due to the length of time from injury. His reported injury of sprain/strain should have cleared within 6 to 8 weeks of injury. There is lack of medical justification to continue passive modality therapy in a chronic patient. Acupuncture is considered experimental and investigational in pain care management.

This patient was at MMI on 5-15-02. There is no medical necessity for continued passive modality care for sessions billed from 5-22-02. This patient should have already been instructed with a home program after his previous length of treatment. Passive modality care will not cure this patient's chronic pain complaints, only temporarily give benefits at most.

This decision by the IRO is deemed to be a TWCC decision and order.