

MDR Tracking Number: M5-03-0766-01

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.

Payment was received on 12/7/02 for DOS 7/17/02 per requestor's representative, therefore DOS 7/17/02 is no longer in dispute.

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/services from 8/13/02 through 10/25/02 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 Chiropractic treatment/service 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 8/13/02 to 10/25/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 19th day of March 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

February 17, 2003

David Martinez
TWCC Medical Dispute Resolution
4000 IH 35 South, MS 48
Austin, TX 78704

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IRO #: 5251

___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this 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 care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Doctor of Chiropractic. The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors 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 the dispute.

CLINICAL HISTORY

The records indicate that this patient was injured on his job while he was atop an 8 foot ladder in a chemical seat and had his airline tangle with a ladder, causing him to fall to the ground. Records do indicate he landed in the supine position atop some angle iron on the ground. He had an immediate onset of low back pain. He initially saw a company doctor for his injury and later went to ___ for treatment. Treatment largely consisted of passive and active care, but the treating doctor denied in notes to the carrier that chiropractic care was rendered on this patient due to his severe condition. MRI revealed a "very small" left posterolateral disc protrusion which impinges the thecal sac without nerve root compromise. NCV was negative but EMG did indicate a possible radiculopathy on the right.

DISPUTED SERVICES

Services by the treating chiropractor were denied as medically unnecessary from July 17, 2002 through October 25, 2002.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

This patient's condition did not warrant the intense level of care that is rendered in this case. Particularly, the patient was treated with extensive passive care that has no basis in the literature for effectiveness. Passive treatment past 4 weeks would be palliative and would not help this patient return to and retain employment. There is no indication by the notes in this file that the care rendered by the treating doctor reasonably helped this worker return to work. The notes that are presented, while significant in number, neither indicate that this patient progressed from the treatment plan nor that the treatment plan

was addressing his weaknesses. As a result, this care would not be considered reasonable and necessary on this patient.

___ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. ___ has made no determinations regarding benefits available under the injured employee's policy.

As an officer of ___, I certify that there is no known conflict between the reviewer, ___ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

___ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,