

MDR Tracking Number: M5-03-0785-01

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

This Order is hereby issued this 13th day of February 2003.

Noel L. Beavers  
Medical Dispute Resolution Officer  
Medical Review Division

NLB/nlb

February 4, 2003

**Corrected Letter**

**NOTICE OF INDEPENDENT REVIEW DECISION**

**RE: MDR Tracking #: M5-03-0785-01**

\_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). \_\_\_ IRO Certificate Number is 4348. 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 gentleman who sustained a work related injury on \_\_\_\_. The patient reports that while changing the oil in a car, he was twisting off the oil filter and injured his back. The patient has had 3 prior back surgeries in the 1980's. The patient was treated with physical therapy and chiropractic care. The patient was then referred back to his MD because the patient's pain was not responding to treatments rendered thus far. The patient was then treated with injection therapy. The patient had an MRI that showed L4-5 and L5-S1 moderate disc degeneration with disc bulging and moderate bilateral foraminal stenosis.

### Requested Services

Office visits and physical therapy from 4/5/02 through 7/26/02.

### 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

\_\_\_ chiropractor reviewer concluded that the office visits and physical therapy from 4/5/02 through 7/26/02 were not medically necessary to treat this patient's condition. \_\_\_ chiropractor reviewer explained that the documentation provided did not demonstrate adequate orthopedic or neurological testing. \_\_\_ chiropractor reviewer also explained that the documents provided did not demonstrate adequate soft tissue findings related to this patient's injuries. \_\_\_ chiropractor reviewer further explained that the documents provided did not demonstrate clinical guidance to support medical necessity for the office visits and physical therapy from 4/5/02 through 7/26/02. Therefore, \_\_\_ chiropractor consultant concluded that the office visits and physical therapy from 4/5/02 through 7/26/02 were not medically necessary to treat this patient's condition.

Sincerely,