

MDR Tracking Number: M5-03-0795-01

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 office visits, massage and aquatic therapy 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 office visits, massage and aquatic therapy 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 7/15/02 to 8/29/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 8th day of May 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

March 6, 2003

Rosalinda Lopez
Texas Workers' Compensation Commission
Medical Dispute Resolution
4000 South IH-35, MS 48
Austin, TX 78704-7491

Re: Medical Dispute Resolution
MDR #: M5.03.0795.01

Dear Ms. Lopez:

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___

reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is certified in Chiropractic Medicine.

Clinical History:

This 45-year-old male claimant was on his job on ___ when he injured his back. MR imaging on 04/12/02, showed disc bulges at L2-3, L4-5 and L5-S1. A CT scan on 05/14/02, showed evidence of degenerative disc disease at multiple levels. Records reflect that the patient was placed at MMI on 06/06/02, with a 5% impairment rating. MMI was again assigned on 08/22/02. All records provided show no greater severity than a strain/sprain-type injury.

The patient remained on light-duty work while participating in aggressive aquatic therapy rehabilitation.

Disputed Services:

Office visits, massage therapy and aquatic therapy from 07/15/02 thru 08/29/02.

Decision:

The reviewer agrees with the determination of the insurance carrier. The reviewer is of the opinion that the office visits and therapies named above were not medically necessary in this case.

Rationale for Decision:

No clinical justification was found for the application of further passive therapeutics like massage. In addition, aquatic therapies do not seem to have a medically necessitated basis for their application in a patient who remains on light duty and who does not show failure to thrive in land-based therapeutic programs. Regression to therapies that are unloaded and do not even use the challenge of gravity does not seem to be appropriate to treat this patient's condition. No evidence presented in the records reviewed warrants continued treatment beyond the 06/06/02 MMI date.

The aforementioned information has been taken from the following references:

Herniated Disc, North American Spine Society Phase III Clinical Guidelines for Multi-Disciplinary Spine Specialists, North American Spine Society. 2000, 104 p.

Charness, A.L., *Waterworks: Aquatic Environment Enhances Therapy for Rheumatic Conditions*. Biomechanics, August 1997, pp. 77-80.

Adult Low Back Pain, Institute for Clinical Assistance Improvement; 2001, May, 50 p.

I am the Secretary and General Counsel of ____ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Sincerely,