

MDR Tracking Number: M5-03-0821-01

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 prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(q)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

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, physical therapy, required reports and cervical pillow were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these office visit, physical therapy, required report and cervical pillow charges.

This Finding and Decision is hereby issued this 27th day of February 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 2/25/02 through 9/26/02 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 27th day of February 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/cl

1/28/03

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

MDR Tracking #: M5-03-0821-01
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.

The independent review was performed by a matched peer with the treating doctor. 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

According to the medical records on June 12, 2001. ___ injured his neck while driving a bulldozer. His bulldozer went into a ditch causing him to bounce. The trauma caused cervical pain and radicular pain into his right upper extremity. On June 15, 2001 ___ saw ___ who treated him with physical therapy and referred him for testing. On July 18, 2001 cervical x-rays were performed of the cervical spine at ___. They revealed degenerative changes and narrowing of C5-6 neural foramina. On July 26, 2001 he was referred to ___ neurologist, for EMG studies, that revealed cervical radiculopathy from C5, C6, and C7 nerve root levels. On July 30, 2001 an MRI scan of the cervical spine was performed at

____, revealed a C6-7 posterior disc bulge, causing stenosis. ____ was referred to ____ and orthopedic surgeon who recommended physical therapy and medication. On October 31, 2001, neurologist ____ evaluated _____. On December 1, 2001, _____, orthopedic surgeon, performed a RME and determined that ____ was not at MMI and may need surgery and that he could do light duty work. On February 2, 2002, _____, physical medicine, recommended epidural steroid injections. ____ underwent the first at a surgical center with good results. The second injection resulted in a reaction causing tingling and partial paralysis in both legs. At ____ on June 28, 2002, a repeat MRI scan was performed of the cervical spine. It revealed a protrusion at C6/7. On July 29, 2002, _____, neurologist, stated that ____ had problems with two spinal areas, cervical spine radiculopathy and lumbar radiculopathy. On August 20, 2002, a MRI on the lumbar spine performed at Hauser Radiology revealed L5/S1 disc narrowing with a left posterior lateral herniated disc crowding the left L5 and S1 nerve roots. On October 28, 2002, a RME was performed by _____, orthopedic surgeon, who determined that the low back injury resulted from treatment of the cervical spine injury, which occurred from the June 12 accident.

DISPUTED SERVICES

Under dispute is the medical necessity of services provided to ____ from 2/25/02 through 9/26/02.

DECISION

The reviewer disagrees with the prior adverse determination.

BASIS FOR THE DECISION

The volume of medical records supplied for review of this case was enormous. The documentation supplied by ____ supports the level of care he rendered from 2/25/02 through 9/26/02. The reviewer finds that necessary care was delayed and hindered by multiple administrative delays, thus prolonging the patient's recovery time. The care rendered by ____ falls within the parameters set forth in the Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters. A.T.C.A. Publication 1994. The care provided by ____ was necessary to enhance ____ ability to return to his job duties and maintain them as a productive employee.

____ 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,