

THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER: 453-03-2742.M5

MDR Tracking Number: M5-03-0838-01

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 work hardening and office visits 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 work hardening and office visits 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 11/21/01 to 12/17/01 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 12th day of February 2003.

Medical Dispute Resolution Officer  
Medical Review Division

NLB/nlb

January 14, 2003

#### **NOTICE OF INDEPENDENT REVIEW DECISION**

**RE: MDR Tracking #: M5-03-0838-01**

\_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). \_\_\_ IRO Certificate Number is 5348. 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 42 year-old male who sustained a work related injury on \_\_\_\_. The patient reports injuring his lower back on \_\_\_ while lifting a piece of pipe. The patient was diagnosed with a lumbar sprain. The patient underwent an MRI that showed broad based disc herniation L4-6. An EMG showed prolonged bilateral dermatosensory latency at S1. The patient was treated with chiropractic treatment, physical therapy, and work hardening.

### Requested Services

Work Hardening and office visits from 11/21/01 through 12/17/01.

### 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 after reviewing the medical records from 9/10/01 through 11/21/01, the work hardening program and office visits from 11/21/01 through 12/17/01 were not medically necessary to treat this patient's condition. \_\_\_ chiropractor reviewer explained that the documentation provided indicated that the patient was improving. However, \_\_\_ chiropractor reviewer noted that the documentation provided did not show any objective findings to support this claim. \_\_\_ chiropractor reviewer also noted that the documentation provided did not show any clinical improvement from 9/10/01 to onset of work hardening program. Therefore, \_\_\_ chiropractic consultant has concluded that the work hardening and office visits from 11/21/01 through 12/17/01 were not medically necessary to treat this patient's condition.

Sincerely,

\_\_\_