

MDR Tracking Number: M5-03-0874-01

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 \$650.00** 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 therapeutic activities, therapeutic procedure, electrical stimulation, ultrasound therapy, phonophoresis, office visits and special reports were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for therapeutic activities, therapeutic procedure, electrical stimulation, ultrasound therapy, phonophoresis, office visits and special report charges.

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 4/30/02 through 5/16/02 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 9th day May 2003.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division

MQO/mqp

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

April 1, 2003

Re: IRO Case # M5-03-0874

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IRO's, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is board Certified in Physical Medicine and Rehabilitation. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The ___ reviewer who reviewed this case has determined that, based on the medical records provided, the requested treatment was not medically necessary. Therefore, ___ agrees with the adverse determination regarding this case. The reviewer's decision and the specific reasons for it, is as follows:

History

The patient was injured on ___ when he slipped and fell while carrying about a 100 pound pipe. He hurt his back and self treated with over-the-counter medication, and he continued to work. He later sustained another injury to the low back while carrying a heavy drill. He felt a pop and an acute onset of low back and left leg pain. He presented to a ___ on 3/28/02 and was started on medication and physical therapy. An MRI 4/4/02 was significant for 1 2-3 mm central disk protrusion at L5-s1. He continued to be treated with physical therapy, initially passive

modalities, and then therapeutic exercises and activities. He had 21 physical therapy treatments 4/1 – 5/17/02.

Requested Service(s)

Therapeutic activities, therapeutic procedures, electrical stimulation, ultrasound therapy, phonophoresis, office visits, special reports 4/30/02 – 5/16/02.

Decision

I disagree with the carrier's decision to deny the requested treatment.

Rationale

The patient injured his low back. An MRI was significant for a herniated disk at L5-S1. The patient was started in a program of passive modalities and active physical therapy, which continued for approximately six weeks. This was an appropriate amount of time as long as there would be documentation of improvement. The records presented for this review show that the patients pain level and range of motion did gradually improve, with the exception of an occasional day when his pain level was in the severe range. The treatment was medically appropriate following the patient's injury.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

Sincerely,
