

**THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

**SOAH DOCKET NO. 453-03-3583.M5**

MDR Tracking Number: M5-03-0967-01

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 outpatient chiropractic office visits were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee (\$650.00).

Based on review of the disputed issues within the request, the Division has determined that outpatient chiropractic office visit 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 12/27/01 to 8/15/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 9<sup>th</sup> day of May 2003.

Carol R. Lawrence  
Medical Dispute Resolution Officer  
Medical Review Division

CRL/crl

NOTICE OF INDEPENDENT REVIEW DECISION

March 5, 2003

Rosalinda Lopez  
Program Administrator  
Medical Review Division  
Texas Workers Compensation Commission  
4000 South IH-35, MS 48  
Austin, TX 78704-7491

RE: MDR Tracking #: M5-03-0967-01  
IRO Certificate #: 4326

\_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced 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 rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. \_\_\_ health care professional has signed a certification statement stating 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 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 this case.

### Clinical History

This 48 year old female sustained a work-related injury on \_\_\_ when she fell in the parking lot at her place of employment. The patient was diagnosed with sacrococcygeal sprain as well as sprain of the right sacroiliac joint and the lumbosacral junction. The patient received conservative treatment as well as 3 epidural steroid injections and medication management. The patient participated in a pain management program from 08/06/01 through 01/04/02 and her pain levels dropped from 8/10 to 6/10. An MRI was performed and revealed a herniated disc at the thoracolumbar region. The patient received outpatient chiropractic care from 12/27/01 through 08/15/02.

### Requested Service(s)

Outpatient chiropractic office visits from 12/27/01 through 08/15/02.

### Decision

It is determined that the outpatient chiropractic office visits from 12/27/01 through 08/15/02 were not medically necessary to treat this patient's condition.

### Rationale/Basis for Decision

The medical record documentation does not substantiate the medical necessity for ongoing chiropractic care including manipulative therapy. It is not evident from a review of the documentation that the chiropractic care rendered in 2000 and 2001 was providing therapeutic gain beyond what would be expected from a natural progression or history of the patient's condition. The documentation does not reflect either subjectively or objectively that significant therapeutic gain was being accomplished through the course of chiropractic care. In addition, it is unclear as to what was to be gained with additional passive care and manipulations, 21 months post injury. It would be considered unlikely that additional therapeutic gains would be achieved that had not already been observed at 21 months post injury.

The patient had been enrolled in a 5 month long chronic pain management program. Chronic pain management is an end stage, tertiary level type program that is generally utilized when all other forms of care have failed. It is not likely that this patient could have been expected to achieve any substantial and prolonged therapeutic gain given the circumstances inclusive of a 5-month long chronic pain management program.

During the time frame of review, this patient was receiving chiropractic care on a very infrequent basis. This does not reflect generally accepted standards of chiropractic practice. It also does not reflect a significant attempt at achieving therapeutic gains. It was unlikely to expect any therapeutic gain from the continuance of chiropractic care from 12/27/01 through 08/15/02.

In addition, based on the medical record documentation, this patient was experiencing significant neurological manifestations of her injuries including bowel and bladder dysfunctions and diminished or absent reflexes. Most generally accepted standards of care within the chiropractic profession do not recommend the continuation of chiropractic care under these circumstances especially when it has been apparently ineffective as previously documented.

Therefore, the outpatient chiropractic office visits from 12/27/01 through 08/15/02 were not medically necessary.

Sincerely,