

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 requestor submitted a medical dispute resolution request on 7/8/02 and was received in the Medical Dispute Resolution on 7/8/02. The disputed dates of service prior to 5/23/01 through 7/6/01 are not within the one year jurisdiction in accordance with Rule 133.308(e)(1) and will be excluded from this Finding and Decision.

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 services (work hardening) 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 outpatient service (work hardening) 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 7/17/01 to 8/17/01 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 10th day of April 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

NOTICE OF INDEPENDENT REVIEW DECISION

Date: January 21, 2003

Requester/ Respondent Address : Rosalinda Lopez
TWCC
4000 South IH-35, MS-48
Austin, Texas 78704-7491

RE: MDR Tracking #: M5-03-0972-01
IRO Certificate #: 5242

___ 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 proposed 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 Chiropractic physician reviewer. The Chiropractic physician reviewer 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

The claimant was a pre-loader for ___ on ___ when he was apparently re-arranging a package and felt something pop and felt a pull in his lower abdomen. He reported to a Chiropractor for treatment. The claimant was referred to a doctor for an evaluation of a possible hernia. The doctor reported the claimant did not have a hernia and returned him to the chiropractor. X-rays and a MRI were performed on the claimant and a mild L5-S1 disc protrusion was seen. The chiropractor diagnosed the claimant with muscle spasms, and sprain/strain to the lumbar spine and to the groin. The claimant was treated with conservative chiropractic care and was taken off of work to prevent re-injury. The patient was treated from 03/19/2001 until 07/06/2001 with 34 treatment sessions. The patient then entered a 6-week program of work hardening. On 07/12/2001, the doctor performed an examination on the claimant and gave him a 0% whole person impairment. On 08/21/2001 a chiropractor performed an examination and gave him a 7% whole person impairment. On 08/29/2001, the claimant was discharged from the work hardening program and was to resume work at ___.

Requested Service(s)

The medical necessity of the outpatient services rendered 07/17/2001- 08/17/2001

Decision

I agree with the insurance company that the services rendered between 07/17/2001 – 08/17/2001 were not medically necessary.

Rationale/Basis for Decision

An independent exam performed by the doctor on 07/12/2001 revealed a 0% impairment rating. The doctor's examination documents a non-antalgic gait, normal toe and heel walking, the ability to sit, stand, and move about the room independently, a

negative neurological examination and minimal restriction in lumbar flexion and extension. If the treating physician felt that the rating was not correct, a dispute should have been reported, where another physician could have given another exam. The onset of the treatment in question was started after the 0% rating was given. If in fact, the claimant was at a 0% whole person impairment, as the doctor's examination would seem to substantiate, no further treatment would be warranted. If the claimant was not at 0%, the work hardening program should have been started after another independent medical exam was performed.

This decision by the IRO is deemed to be a TWCC decision and order.