

THIS DECISION HAS BEEN APPEALED. THE  
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:  
SOAH DOCKET NO. 453-04-1166.M5

MDR Tracking Number: M5-03-1014-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution-General 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. This dispute was received on 12-17-02.

The IRO reviewed chiropractic treatment and physical therapy services rendered from 6-6-02 through 11-4-02 that were denied based upon "U".

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.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On May 15, 2003, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

Services that were denied with EOB denial "D" will be reviewed in accordance with *Medical Fee Guideline*.

The requestor did not submit medical records to support services in accordance with the *Medical Fee Guideline*; therefore, reimbursement is not recommended.

This Decision is hereby issued this 2<sup>nd</sup> day of October 2003.

Elizabeth Pickle  
Medical Dispute Resolution Officer  
Medical Review Division

**ORDER.**

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for 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 Decision is applicable for dates of service 5-1-02 through 11-4-02 in this dispute.

This Order is hereby issued this 2<sup>nd</sup> day of October 2003.

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division

April 25, 2003

Re: MDR #: M5-03-1014-01

\_\_\_ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, \_\_\_ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is Certified in Chiropractic medicine.

Clinical History:

This 60-year-old male claimant sustained a work-related injury on \_\_\_, resulting in low back pain. MRI of the lumbar spine on 10/10/02 revealed spinal canal stenosis from L-2 through S-1, suggestive signs of cord tethering/severe arachnoiditis, and advanced degenerative changes in the mid-lower lumbar spine.

The patient has undergone passive and active therapeutic modalities from 06/06/02 through 11/04/02. During this period of applied therapeutics, the patient was also being managed in a multi-disciplinary fashion with an M.D. Pain medication and caudal ESI's were applied on or about 08/30/02.

Disputed Services:

Therapeutic procedures as follow during the period of 06/06/02 through 11/04/02:

- ultrasound therapy
- myofascial release
- therapeutic procedure
- office visits w/manipulations
- therapeutic exercises
- mechanical traction.

Decision:

The reviewer disagrees with the determination of the insurance carrier. The reviewer is of the opinion that above-named treatments were medically necessary in this case.

Rationale for Decision:

Given the patient's mechanism of injury, medical history, and plan of treatment, these therapeutic applications were appropriate.

The record shows the provider has implemented a core active focus with time-limited, passive therapeutic modalities that were appropriate in the management of this patient' medical condition.

The aforementioned information has been taken from the following references and guidelines of clinical practice:

- *Clinical Practice Guidelines for Physiotherapy of Patients with Whiplash-Associated Disorders*. Spine, Vol. 27, No. 4, pp. 412-422.
- *Unremitting Low Back Pain, North American Spine Society Phase III Clinical Guidelines for Multi-Disciplinary Spine Care Specialists*. North American Spine Society; 2000, 96p.

I am the Secretary and General Counsel of \_\_\_ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Sincerely,