

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

SOAH DOCKET NO. 453-03-4136.M5

MDR Tracking Number : M5-03-1051-01

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 **or January 1, 2003** 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 the disputed services 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 medical necessity was the only issue to be resolved. As the treatment was not found to be medically necessary, reimbursement for dates of service from 12-20-01 through 01-10-02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 19th day of June 2003.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

DZT/dzt

NOTICE OF INDEPENDENT REVIEW DECISION

Date: June 18, 2003

RE: MDR Tracking #: M5-03-1051-01
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 is a 35 year old male, apparently employed as a laborer for the ____ . On or about ____ he allegedly suffered a lumbar spine injury while lifting and stacking boxes on a pallet.

The claimant eventually placed himself under the care of ____ at the ____ . ____ initial evaluation and documentation of the same is not available. The claimant apparently began a course of care to include: manipulative therapy, therapeutic massage, flexibility exercises and treadmill.

The claimant is referred for an Independent Medical Evaluation with a ____ on 12/12/01. ____ documentation reflects that the claimant continues with lower back pain that is central and right paracentral. He refers to an MRI that is essentially returned within normal limits. During his evaluation, ____ noted normal postures, no evidence of swelling, no paraspinal muscle spasm or trigger point tenderness and no tenderness over boney prominences. He does not have tenderness over the right buttock and the L4/5 spinous process. Lumbar range of motion was restricted in flexion and extension; however, ____ notes that the limitation of motion is voluntary. All orthopedic testing was unremarkable. Waddell testing was positive for stimulation, straight leg raise distraction and regional disturbances. Neurological exam was unremarkable. ____ concluded that the claimant had suffered a lumbosacral sprain but that this had resolved. He felt the claimant was left with no permanent residual impairment.

The claimant is seen by the attending physician on 12/20/01 with pain graded at a 6-7/10 on the visual analog scale. The attending physician noted reduced range of motion in the lumbar spine and paraesthesia involving the lower extremity on the right. The examiner's palpatory exam revealed tenderness, soreness and muscle spasm as well as fixation of the lumbar spine. Treatment continues to include therapeutic exercises, SMT, myofascial release, joint mobilization and manual traction. The claimant apparently enters into a work hardening program on or about 1/3/02.

The claimant undergoes a functional capacity evaluation on 12/27/01. The evaluator is ____ Upon completion of his functional capacity evaluation, ____ notes deficits for lifting and range of motion. He recommends a work hardening program to reach medium job level requirements. The expected outcome of his recommendation is a return to work status.

The claimant apparently continues with his work hardening program through 3/1/02 which is the last documented date of service.

The attending physician submits several letters of medical necessity requesting reimbursement for services rendered. Denial codes from the carrier implicate treatment guidelines and necessity and a lack of documentation.

A ____, submits a formal letter of medical necessity dated 5/23/02. Within his report he notes that a “request for work hardening was sent and accepted”. He questions “how can an insurance company admit that the claimant is a candidate for work hardening after 12/12/01 and refuse to pay for any care before and after that date.” Further he states “the insurance company itself deemed the work hardening program medically necessary and reasonable.”

Requested Service(s)

Services including office visits with manipulation, physical therapy sessions and work hardening for total dates of service 9, from 12/20/01 through 1/10/02.

Decision

I agree with the insurance carrier that the services from 12/20/01 through 1/10/02 were not medically necessary.

Rationale/Basis for Decision

____ evaluation of 12/12/01 is compelling. He provides a very complete narrative report detailing his objective findings. His objective findings are minimal and his evaluation reveals suggestion of inappropriate pain behavior. He concludes that the claimant reached maximum medical improvement with no permanent impairment. This examination took place approximately one week prior to the initiation of the work hardening program. It should be noted that ____ examination of 12/12/01 differs greatly from the attending physician’s chart note of 12/20/01 and the functional capacity evaluation of 12/27/01. The findings of inappropriate pain behavior dictate the appropriate course of care. ____ opinion and recommendation is medically appropriate.