

MDR Tracking Number: M5-03-1070-01

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 services rendered 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. The requestor withdrew dates of service 5-31-02 through 6-7-02 that were denied per the fee guideline. As the treatment was not found to be medically necessary, reimbursement for dates of service from 6-12-02 through 9-13-02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 11th day of June 2003.

Medical Dispute Resolution Officer  
Medical Review Division

DZT/dzt

March 24, 2003

#### **NOTICE OF INDEPENDENT REVIEW DECISION**

**RE: MDR Tracking #: M5-03-1070-01**

\_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). \_\_\_ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to \_\_\_ for independent review in accordance with this Rule.

\_\_\_ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing chiropractor on the \_\_\_ external review panel. The \_\_\_ chiropractor reviewer signed a statement certifying that no known conflicts of interest exist between this chiropractor and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to \_\_\_ for independent review. In addition, the \_\_\_ chiropractor reviewer certified that the review was performed without bias for or against any party in this case.

### Clinical History

This case concerns a 25 year-old male who sustained a work related injury to his back on \_\_\_\_\_. The patient reported that while at work he was cleaning a roof when he fell from a ladder approximately 28 feet to the ground. The patient sustained a burst fracture at L2. The patient underwent a spinal fusion from T11 to L4 on 11/23/01. The patient underwent a CT scan 1/28/02 that showed a C5-C6 bulge, C6-C7, a burst fracture of L2 and possibly an end plate fracture of L1. He has also been diagnosed with cervical pain, lumbar pain, pelvic pain with associated bladder incontinence, right wrist pain, right wrist fracture, right knee pain, and compression fracture of the lumbar area. The patient has undergone an EMG study and started therapy post surgery in December of 2001.

### Requested Services

Therapeutic exercises, office visits, myofascial release, joint mobilization, physical medicine treatment, special reports and X-Ray from 6/12/02 through 9/13/02.

### Decision

The Carrier's determination that these services were not medically necessary for the treatment of this patient's condition is upheld.

### Rationale/Basis for Decision

The \_\_\_\_ chiropractor reviewer indicated that the patient was treated from 12/18/01 through 4/5/02 with no significant change in his condition. The \_\_\_\_ chiropractor reviewer noted that the continued treatment did not appear to be new or different and that the patient only reported mild relief after. The \_\_\_\_ chiropractor reviewer explained that the documentation provided did not support the need for one on one therapy. The \_\_\_\_ chiropractor reviewer also explained that the patient could have performed the therapies at home or without supervision. The \_\_\_\_ chiropractor reviewer further explained that the initial trial of therapy for 30 visits needed to demonstrate subjectively and objectively some improvement in the patient's condition. The \_\_\_\_ chiropractor reviewer indicated that there is no objective measure that demonstrated such improvement. The \_\_\_\_ chiropractor reviewer noted that the patient reported feeling somewhat better for a short while after treatment, but that he couldn't function without the pain medication. The \_\_\_\_ chiropractor reviewer also noted that the patient also complained that the pain medication was not working well. The \_\_\_\_ chiropractor reviewer explained that the documentation provided did not support the need for continued care. Therefore, the \_\_\_\_ chiropractor consultant concluded that the therapeutic exercises, office visits, myofascial release, joint mobilization, physical medicine treatment, special reports, and X-Ray from 6/12/02 through 9/13/02 were not medically necessary to treat this patient's condition.

Sincerely,

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