

MDR Tracking Number: M5-03-1105-01

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 assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent.

The Medical Review Division has reviewed the IRO decision and determined, the total amount recommended for reimbursement does not represent a majority of the medical fees of the disputed healthcare and therefore, the **requestor did not prevail** in the IRO decision. Consequently, the requestor is not owed a refund of the paid IRO fee.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The NCV's performed on 1/15/02, office visits and physical therapy three times a week for four weeks following each lumbar ESI administered were found to be medically necessary. The dates after the ESI's are as follows:

ESI date - 2/19/02	DOS: 2/21/02 – 3/20/02
ESI date - 5/7/02	DOS: 5/13/02 – 5/23/02
ESI date - 6/11/02	DOS: 6/8/02 – 7/1/02

All other treatment/services rendered were not found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these NCV's performed on 1/15/02, office visits and physical therapy (three times a week for four weeks) following each lumbar ESI charges.

This Finding and Decision is hereby issued this 25<sup>th</sup> day of, July 2003.

Carol R. Lawrence  
Medical Dispute Resolution Officer  
Medical Review Division

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay 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 Order is applicable to dates of service 1/3/02 through 11/6/02 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 25th day of July 2003.

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division

RL/crl  
Enclosure: IRO Decision

July 22, 2003

**REVISED DECISION**  
**Clarification of decision of 06/18/03 regarding office visits**  
**and physical therapy, and deleting references to FCE's.**

Re: Medical Dispute Resolution  
MDR #: M5-03-1105-01  
IRO Certificate No.: IRO 5055

\_\_\_ 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 male claimant injured his back in a work-related accident on \_\_\_\_\_. ESI injections were performed over a nine-month period from 02/26/02 through 11/12/02. Cervical ESI's were performed during the period in question on 02/26/02, 04/09/02, 05/07/02, and 06/11/02.

Disputed Services:

Office visits & manipulations, physical therapy, special reports, NCV studies and analysis of information during the period of 01/03/02 through 11/06/02.

Decision:

The reviewer partially agrees with the determination of the insurance carrier. The reviewer is of the opinion that the following services and treatments were medically necessary:

- Office visits and physical therapy three times a week for four weeks following each lumbar ESI administered on the following dates: 02/19, 05/07, 06/11, and 11/12/02.
- Nerve Conduction Velocity Study performed on 01/15/02 for the upper extremity.

Special reports, analysis of information and any office visits, physical therapy, and NCV's other than the dates listed above were not medically necessary in this case.

Rationale for Decision:

The treatment process identified in the medical records provided indicates chronic pain intervention. Medical necessity for the treatment in question can be seen in the documentation provided. The documentation covers subjective, objective, assessment, response to treatment, and plan of treatment. Periodic evaluations indicated appropriate clinical course of action based on the clinical presentation of chronic pain.

There is reasonable medical probability that the claimant would have a good potential for improvement in his condition, based upon the change of treatment. It was determined that the lumbar ESI's, in conjunction with the therapy and medications, would provide for the potential improvement of the claimant's condition, and the potential for restoration of function. A multi-model and multi-disciplinary approach was indicated in this case. A single mode of intervention would not be cost-effective or clinically effective.

One can see improvement from January 2002 to September 2002, although slow and erratic and with some exacerbations. The patient's condition, his function and his stability improved sufficiently to be considered ready for a work hardening program. Physical therapy was medically necessary three times a week for the four-week periods following each lumbar ESI.

Medical necessity exists for the nerve conduction velocity study performed on 01/15/02 for the upper extremity and 02/12/02 for the lower extremity to assess whether nerve involvement was present.

\_\_\_ 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,