

MDR Tracking Number: M5-03-1124-01

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, 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 office visits, joint mobilization, therapeutic activities, therapeutic procedure, neuromuscular re-education, unusual travel and manipulations 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 office visits, joint mobilization, therapeutic activities, therapeutic procedure, neuromuscular re-education, unusual travel and manipulations 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 3/4/02 to 7/25/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 2nd day of April 2003.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

NLB/nlb

March 31, 2003

David Martinez
TWCC Medical Dispute Resolution
4000 IH 35 South, MS 48
Austin, TX 78704

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IRO #: 5251

___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this 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 care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Doctor of Chiropractic. The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors 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 the dispute.

CLINICAL HISTORY

This patient was injured in his low back when he picked up a table to load it on a hand truck and suffered an immediate onset of pain in his low back. He has been seen by ___, a chiropractor, with treatment to include active and passive treatment, along with chiropractic manipulations. He was seen by a designated doctor, ___, who found him not to be at MMI. The report does indicate that he saw the patient on April 12, 2002 and ___ indicated that work hardening was a reasonable treatment option for the patient at that time. The patient has had sacroiliac injections as well as epidural steroid injection therapy with minimal results. A peer review by ___, noted no discopathy except for bulges in the lumbar spine and determined through records review that the patient was static and stable and no longer needed chiropractic care. He recommended that the patient be returned to an appropriate job.

Records from the treating doctor, while in the SOAP note format, are of the “boilerplate” method and generally say the same thing on each date of service. In some cases the wording is identical from day to day. The records also pronounce this patient, who had been injured for over 1 year before the dates of service in question, as being in the “acute” stage.

The patient was found to be at MMI with 0% impairment by designated doctor ___ as of June 27, 2002.

DISPUTED SERVICES

The carrier has denied the medical necessity of office visits, joint mobilization, therapeutic activities, therapeutic procedures, neuromuscular re-education, unusual travel and manipulations as medically unnecessary with a peer review to include March 4, 2002, March 11, through April 3, 2002 and July 25, 2002.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

There is no documentation by the treating doctor which is to be considered credible in the information presented. The office notes clearly are of a computerized style which would not be of help in determining the condition of the patient. I do not see any information which would make me believe that this case was still acute after 1 year of treatment. Also, I would agree with the peer reviewers on this case that the patient was not documented to be making progress. In fact, the patient was apparently not responding to the treatment rendered in any way. As a result, I am unable to document the medical necessity of the care on this case as it seems to be excessive and unreasonable for the patient’s condition.

___ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. ___ has made no determinations regarding benefits available under the injured employee's policy.

As an officer of ___, I certify that there is no known conflict between the reviewer, ___ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

___ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,