

MDR Tracking Number: M5-03-1196-01

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 (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 x-ray consultation was 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 x-ray consultation 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 date of service 9/10/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 21st day of March 2003.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

NLB/nlb

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

March 13, 2003

Re: IRO Case # M5-03-1196

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a Doctor of Chiropractic who is licensed by the State of Texas. He or she has signed a certification statement attesting 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 referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient was injured ___ when he was broad-sided by another vehicle. He went to a VA hospital where x-rays were taken. He then went to a chiropractor on 8/27/02 complaining of headaches and neck and back pain. Cervical, thoracic and lumbar x-rays were taken and a report made and a second opinion was requested.

Requested Service

Second opinion reading of x-rays—cervical, shoulder, thoracic and lumbar 9/10/02.

Decision

I agree with the carrier's decision to deny the requested second opinion reading.

Rationale

The documentation presented for this review provided no specific need for an independent radiological consultation. Evidently the treating chiropractor felt the x-rays were normal because manipulation and therapy were started prior to the second opinion that was requested. This suggests confidence in the initial reading.

Simply obtaining a second opinion on a normal x-ray showing no abnormalities as a matter of standard practice is not reasonable or medically necessary. The treating chiropractor presented no case-specific reason for referring the x-rays for a second opinion. The reasons for requesting a second opinion should be clearly delineated, but they were not documented in this case.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

Sincerely,