

MDR Tracking Number: M5-03-1198-01

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 office visits with 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 with manipulation 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 1/15/02 to 6/5/02 is denied and the Division declines to issue an Order in this dispute.

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

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

NLB/nlb

NOTICE OF INDEPENDENT REVIEW DECISION

Date: April 2, 2003

Requester/ Respondent Address : Rosalinda Lopez
TWCC
4000 South IH-35, MS-48
Austin, Texas 78704-7491

RE:

MDR Tracking #: M5-03-1198-01
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

It appears the claimant suffered alleged repetitive stress type injury involving her upper extremities, neck and shoulders as a result of her employment with ___ as a customer service representative and operator. The claimant reported numbness and tingling in both hands; however, this appeared to be worse on the right. The claimant had been employed with ___ for about 19 years. On 3/28/01, she reported that a 10 day vacation recently gave her a good bit of relief in that it was obvious that she sustained relief from being away from the repetitive activities. The claimant had some right sided neck and shoulder pain. She also appeared to have some decreased circulatory efficiency in the right hand because the claimant reported that her fingertips turned purple on occasion and this was relieved by elevating her hands above her head. Please note that this comes from the initial chiropractic exam of 3/28/01. The claimant's year of birth was noted to be ____. The claimant saw a chiropractor for chiropractic care. The diagnoses appeared to be mostly involving the right carpal tunnel and perhaps to some degree the left carpal tunnel. The claimant also had some myofascitis which was later described as chronic myofascial pain syndrome of the neck, upper trapezius musculature, as well as some trigger points in the forearms. The claimant also saw an physician for trigger point injections on numerous occasions. The chiropractic services in dispute have been listed as 1/15/02, 1/28/02, 2/27/02, 4/12/02, 3/18/02, 5/8/02, 5/22/02 and 6/5/02. The chiropractic notes on these dates of services are reviewed and it appears the claimant only received cervical manipulation well over 10-15 months post injury. Electrodiagnostic studies of 6/2/01 revealed that the NCV studies and EMG studies were normal in the upper extremities bilaterally. The claimant still had clinical evidence of carpal tunnel syndrome on the right, yet this did not appear to be showing up electrodiagnostically. The claimant continued to be treated for myofascial pain syndrome. By 6/26/01, a note from the physician noted the claimant was not currently working. The claimant appeared to be working full duty as of 8/21/01. The claimant underwent trigger point injections and was reportedly 90% better on 11/14/01 and was released to an as needed basis per physician. On 7/23/02, the claimant returned complaining of a recurrence of the myofascial pain syndrome and further trigger point injections were recommended.

Requested Service(s)

Please review and address the medical necessity of the outpatient services from 1/15/02 through 6/5/02. Please note that I was asked to address the medical necessity of the outpatient services that were rendered from 1/15/02 through 3/18/02; however, I believe this is probably a mistake because the copy of the disputed services is cut off to some degree and the exact month of the date of services is somewhat difficult to read because it has been cut off in the copying process. However, the chiropractor has submitted the disputed services as being the following: 1/15/02,

1/28/02, 2/27/02, 4/12/02, 3/15/02, 5/8/02, 5/22/02, and 6/5/02. I will address these services in that it appears this is what the chiropractor is trying to address.

Decision

I agree with the insurance carrier that the office visits and manipulations provided are not reasonable or medically necessary.

Rationale/Basis for Decision

The services in dispute occurred about 10-15 months post injury for what has been documented to be a myofascial pain syndrome. Myofascial pain syndrome is in many instances a normal life occurrence and event that is associated with everyday work activities and daily life. Trigger points here and there in the upper trapezius musculature and rhomboid musculature in the mid back as well as in the extensor surfaces of the forearms are common in the everyday non-injured adult working population. I am unaware of any evidence based or consensus based treatment guideline that recommends chiropractic manipulation of the cervical spine, which is what occurred here, 10-15 months post injury for a chronic myofascial pain syndrome. The claimant's electrodiagnostic tests after 19 years of working with this company were negative. The claimant did not even have electrodiagnostic evidence of carpal tunnel syndrome and as you know electrodiagnostic testing for carpal tunnel syndrome represents the cornerstone of diagnostic testing. In addition the claimant stated on 3/28/01 during the initial chiropractic visit that a 10 day vacation gave her a lot of relief, yet it was documented that after at least 3 months of chiropractic care and being off work for 3 months the claimant was still documented to be out of work and symptomatic. I find it interesting that a 10 day vacation provided relief, yet 3 months of chiropractic care did not provide significant enough relief for the claimant to be able to be returned to work after 3 months. The evidence based Official Disability Guidelines 2003 issue recommends that conservative treatment of myofascial pain syndromes and repetitive stress injuries is to be about 8 weeks, not over 1 year as occurred here. The chiropractic office visit notes that are in dispute reveal the claimant is getting cervical spine manipulation only and none of the extremities are being adjusted or manipulated. I see no documented rationale for this since the claimant had already undergone significantly more than the recommended chiropractic care for her condition and diagnoses which in actuality appears to be common in most of the adult population.

This decision by the IRO is deemed to be a TWCC decision and order.

<p>In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to TWCC via facsimile or U.S. Postal Service from the office of the IRO on this 2nd day of April 2003.</p>
