MDR Tracking Number: M5-03-1288-01

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 and physical therapy 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 and physical therapy 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 2/6/02 to 7/19/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 15th day of May 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division
CRL/crl

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

May 9, 2003

Re: IRO Case # M5-03-1288

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, Rule133.308 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 injured her neck and lower back on ___ when she fell out of a chair that had a broken leg. She was initially seen in a hospital. She then sought chiropractic treatment, and was treated with chiropractic care for several months.

Requested Service
Office visits, physical therapy 2/6/02-7/19/02

Decision
I agree with the carrier's decision to deny the requested treatment.

Rationale
The patient had had extensive treatment and physical therapy prior to the dates in dispute with poor results. She had NCVs, MRIs, x-rays, and ESIs. The documentation presented for this review shows that the patient responded very well to the ESIs, and that the ESIs "decreased her pain from 8 out of 10 to 3 out of 10." When pain is rated at an eight after some eight months of chiropractic treatment, then the treatment (prior to the dates in dispute) must have either been inappropriate and/or over utilized because it failed to improve her symptoms or improve function. The records presented for this review indicate that the patient received the same type of treatment during the period in dispute as she had previously – with the same results.
The documentation provided was vague, lacking necessary clinical objective findings and subjective complaints to support treatment. The patient's ongoing and chronic care does not appear to be producing measurable or objective improvement, and does not appear directed at progression for return to work. It also does not appear to provide the least intensive and most cost effective setting.

The doctor failed to show in the documentation presented how the disputed services were necessary.

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

Sincerely,