

MDR Tracking Number: M5-03-1306-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution-General 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. This dispute was received on 1-17-03.

The IRO reviewed chiropractic treatment rendered from 1-28-02 through 2-14-02 that were denied based upon "U".

The Medical Review Division has reviewed the IRO decision and determined that the **requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(q)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20-days to the date the order was deemed received as outlined on page one of this order.

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

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On May 30, 2003, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

The requestor did not submit medical records to support fee portion of the dispute in accordance with Rule 133.307(g)(3) for dates of service 1-23-02 through 1-25-02. Therefore, reimbursement is not recommended.

This Decision is hereby issued this 3rd day of November 2003.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division

ORDER.

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby **ORDERS** the respondent to pay for 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 Decision is applicable for dates of service 1-23-02 through 2-14-02 in this dispute.

This Order is hereby issued this 3rd day of November 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

NOTICE OF INDEPENDENT REVIEW DECISION

April 30, 2003

Rosalinda Lopez
Program Administrator
Medical Review Division
Texas Workers Compensation Commission
4000 South IH-35, MS 48
Austin, TX 78704-7491

RE: MDR Tracking #: M5-03-1306-01
IRO Certificate #:IRO4326

___ 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 rendered 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 matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. ___'s health care professional 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

This is a young male patient employed as a laborer and food packer/stocker who sustained a back injury ___ while moving a pallet of seafood weighing approximately 2,000 lbs. While moving this pallet he felt a sharp pain in his lower back. A subsequent MRI of the lumbar spine on 07/11/00 revealed a right paracentral herniated disk at L5-S1. The lumbar myelogram and post-myelogram CT scan concurred with this result. He was referred to an orthopedic surgeon for consult. During this time he continued chiropractic therapy. He was an appropriate candidate for surgery and on 11/30/01, a lumbar laminectomy and discectomy was performed without incident. Post-operatively, the patient still reported a lot of pain and remained in chiropractic care for some time thereafter.

Requested Service(s)

Treatment modalities of electrical stimulation, ultrasound, joint mobilization, special reports, myofascial release, and therapeutic procedure provided from 01/28/02 through 02/14/02.

Decision

The treatment modalities of electrical stimulation, ultrasound, joint mobilization, special reports, myofascial release, and therapeutic procedure provided from 01/28/02 through 02/14/02 were medically necessary to treat this patient.

Rationale/Basis for Decision

The patient was injured on ___ while moving a 2000 lb pallet of seafood, resulting in a right paracentral herniated disc at L5-S1. The patient went through a protracted course of conservative care and eventually underwent surgery (lumbar laminectomy and discectomy) on 11/30/01. The patient was released by the surgeon approximately six weeks after his surgery to a course of post-operative physical therapy and rehabilitation. The patient was treated from 01/28/02 through 02/14/02 with electrical stimulation, ultrasound, joint mobilization, special reports, myofascial release, and therapeutic procedures. The use of these active/passive care procedures was medically necessary for the initial phase of post-operative physical therapy care.

The Agency for Health Care Policy and Research: Clinical Practice Guideline Number 14, "Acute Low Back Problems In Adults" indicates that "the use of physical agents and modalities in the treatment of acute low back problems is of insufficiently proven benefit to justify its cost". They did note that some patients with acute low back problems appear to have temporary symptomatic relief with physical agents and modalities. Therefore, the use of passive physical therapy modalities (hot/cold packs, electrical stimulation) is not indicated after the first 2-3 weeks of care.

The Philadelphia Panel found that therapeutic exercises were found to be beneficial for chronic, subacute, and post-surgery low back pain. Continuation of normal activities was the only intervention with beneficial effects for acute low back pain. For several interventions and indications (e.g., thermotherapy, therapeutic ultrasound, massage, electrical stimulation), there was a lack of evidence regarding efficacy. Reference: "Philadelphia Panel Evidence-Based Guidelines on Selected Rehabilitation Interventions for Low Back Pain". Physical Therapy. 2001: 81:1641-1674.

Therefore, it is determined that the treatment modalities of electrical stimulation, ultrasound, joint mobilization, special reports, myofascial release, and therapeutic procedure provided from 01/28/02 through 02/14/02 was medically necessary.

Sincerely,