MDR Tracking Number: M5-03-1339-01

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 <u>Medical Dispute Resolution by Independent Review Organizations</u>, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent.

The amount due for the services found medically necessary exceed the amount due for those service found not medically necessary. Therefore, 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.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The disputed chiropractic treatments were found to be medically necessary with the exception of the therapeutic exercises which were found not medically necessary. The respondent raised no other reasons for denying reimbursement.

This Finding and Decision is hereby issued this 16th day of April 2003.

Noel L. Beavers Medical Dispute Resolution Officer Medical Review Division

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay 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 Order is applicable to date of service 9/12/02 through 10/10/02.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 23<sup>rd</sup> day of April 2003.

Roy Lewis, Supervisor Medical Dispute Resolution Medical Review Division

#### NOTICE OF INDEPENDENT REVIEW DECISION

## RE: MDR Tracking #: M5-03-1339-01

has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO) IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to for independent review in accordance with this Rule.
has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.
This case was reviewed by a practicing chiropractor on the external review panel. The chiropractor reviewer signed a statement certifying that no known conflicts of interest exist between this chiropractor and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to for independent review. In addition, the chiropractor reviewer certified that the review was performed without bias for or against any party in this case.

# **Clinical History**

This case concerns a 56 year-old male who sustained a work related injury on \_\_\_\_. The patient reported that while at work he was carrying an air-duct that weighed over 20 pounds when he tripped and fell down to his knees. The patient reported that he remained in the position that h had fallen in for twenty minutes because he could not move. The initial diagnoses for this patient included displacement of lumbar intervertebral disc, sciatica, thoracic or lumbosacral neuritis or radiculitis (unspecified), and discplacement of lumbar intervertebral disc without myelopathy. The patient underwent an MRI in 1992 and 1995. The patient also underwent a lumbar laminectomy at the L4-5 level for prolapsed disc in 1992, lumbar discogram and CT following in 1993, electrodiagnostic test May 1993, X-Ray of the lumbar spine April 1994, whole body bone scan June 1997, and epidural steroid injections/lumbar facet blocks and right sacroiliac join injections in 1997 and 1998. The patient reportedly had an exacerbation of this injury on \_\_\_\_ he current diagnoses for this patient include post surgical lumbar spine, displacement of lumbar intervertebral disc without myelopathy, thoracic or lumbosacral neuritis or radiculitis.

### Requested Services

Chiropractic treatments from 9/12/02 through 10/10/02.

#### **Decision**

The Carrier's determination that these services were not medically necessary for the treatment of this patient's condition is partially overturned.

# Rationale/Basis for Decision

The chiropractor reviewer noted that the patient sustained a work related injury on The
chiropractor reviewer also noted that the patient was treated with chiropractic treatments
that included aquatic therapy, therapeutic exercises and massage therapy. The chiropractor
reviewer explained that it is not medically necessary for the patient to be treated with both
aquatic therapy and therapeutic exercise at each visit. Therefore, the chiropractor
consultant concluded that the chiropractic treatments from 9/12/02 through 10/10/02 were
medically necessary. However, the chiropractor consultant also concluded that the
therapeutic exercises from 9/12/02 through 10/10/02 were not medically necessary.

Sincerely,