

MDR Tracking Number: M5-03-1366-01

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 **or January 1, 2003** 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 chiropractic treatments 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 medical necessity was the only issue to be resolved. As the treatment was not found to be medically necessary, reimbursement for dates of service from 2-1-02 through 8-4-02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 13th day of June 2003.

Medical Dispute Resolution Officer  
Medical Review Division

DZT/dzt

**IRO Certificate #4599**

**NOTICE OF INDEPENDENT REVIEW DECISION**

June 6, 2003

**Re: IRO Case # M5-03-1366-01**

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 physician who is Board Certified in Physical Medicine and Rehabilitation. 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 is a 46-year-old female who was injured on \_\_\_ when she slipped from her chair and landed on the ground, injuring her back and neck. X-rays were obtained and she initially was treated with medication. The patient had a history of recent surgery to her lumbar spine in October 2000. Lumbar surgery was again performed on 8/16/01. On 10/15/01 MRIs of the cervical and lumbar spine were obtained which showed hard disks at C4-5 and C5-6 with slight cord impingement at those levels. Plain films were essentially normal. Electrodiagnostic testing of the upper extremities showed possible mild to moderate carpal tunnel syndrome, but no nerve root compression. The patient presented for an initial evaluation with the treating chiropractor on 12/7/01. She was started on physical therapy three times a week for four weeks. Physical therapy was then continued. A designated doctor evaluation was performed on 4/11/02 and the patient was placed at MMI on 4/11/02.

#### Requested Service(s)

Chiropractic treatments 2/1/02-8/4/02

#### Decision

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

#### Rationale

The patient suffered injury to both her neck and low back on \_\_\_. She had recently had a lumbar surgery, and went on to have a second surgery about nine months later. Following the second surgery, the patient came under the care of the treating chiropractor. Intensive physical therapy was started and continued for eight months. There was no medical need or reason for the patient to continue on an intensive physical therapy program 15 months after her injury, and six months after her second surgery. She had already been through two months of intensive physical therapy post operatively.

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

Sincerely,

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