

MDR Tracking Number: M5-03-1378-01

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 assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent.

The Medical Review Division has reviewed the IRO decision and determined, the total amount recommended for reimbursement does not represent a majority of the medical fees of the disputed healthcare and therefore, the **requestor did not prevail** in the IRO decision. Consequently, the requestor is not owed a refund of the paid IRO fee.

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 office visit on 7/29/02 and therapeutic exercises from 8/1/02 through 10/23/02 were found to be medically necessary. The remaining treatment/services rendered from 3/12/02 through 10/23/02 were not found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the office visit on 7/29/02 and therapeutic exercise (from 8/1/02 through 10/23/02) charges.

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 dates of service 3/12/02 through 10/23/02 in this dispute.

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 13th day of June 2003.

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

NOTICE OF INDEPENDENT REVIEW DECISION

Amended Letter

Note: Date of Office Visit

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 #: M5-03-1378-01
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 patient sustained a work-related injury on ___ when she slipped inside of a school bus and fell three steps down to the ground. She experienced immediate pain to her lower back, coccyx, and hips. In addition to back pain, the patient was experiencing anxiety, depression, mood swings, nervousness, poor memory, tension, and restlessness, The patient was under the care of a chiropractor.

Requested Service(s)

Chiropractic services were requested from 03/12/02 through 10/23/02.

Decision

The 07/29/02 office visit and the use of therapeutic exercises from 08/01/02 through 10/23/02 were medically necessary to treat the patient's condition. However, the use of physical education services on 03/12/02, the use of ultrasound, massage, and the brief office visit from 08/01/02 through 10/23/02 were not medically necessary for the treatment of this patient's condition. The use of joint mobilization from ___ through ___ was not medically necessary 14 months post-injury.

Rationale/Basis for Decision

The medical records reviewed revealed that the patient was injured on ___ and she was treated by a chiropractor with physical therapy and returned to work with restrictions.

She went to another chiropractor on 11/15/01 with complaints of lower back and hip pain and the initial evaluation revealed essentially normal motor, sensory, and reflex findings. The orthopedic examination revealed locally positive orthopedic tests and slight limitations in lumbar ranges of motion. She was diagnosed with a chronic sprain/strain, possible lumbar disc herniation, thoracic or lumbosacral neuritis, lumbar facet syndrome, and myalgia. She was placed in a course of active and passive care consisting of aquatic therapy, massage, ultrasound, and joint mobilization.

The patient underwent electrodiagnostic testing on 12/27/01 and the dermatomal evoked potential studies revealed evidence of bilateral L5 nerve root impairment. The nerve conduction velocity studies revealed evidence of bilateral tarsal tunnel syndrome.

The disputed medical services included billing of 99078 (physical education services) on 03/12/02. No documentation was submitted in the medical records reviewed concerning the use of this and it was therefore not medically necessary for the treatment of this patient's condition.

The patient was treated with an office visit on 07/29/02 and was placed in a course of active and passive care from 08/01/02 through 10/23/02 consisting of ultrasound, massage, office visit, joint mobilization, and therapeutic exercises. The 07/29/02 office visit was medically necessary.

The use of ultrasound, massage, and the brief office visit were not medically necessary for the treatment of the patient's condition from 08/01/02 through 10/23/02 and the use of therapeutic exercises from 08/01/02 through 10/23/03 was medically necessary. 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 patient 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 as referenced in "Philadelphia Panel Evidenced-based Guidelines on Selected Rehabilitation Interventions for Low Back Pain", Phys Ther. 2001: 81:1641-1674.

The use of joint mobilization from ___ through ___ was not medically necessary 14 months post-injury. The maximum therapeutic effect for manual manipulation/mobilization procedures is realized in the first few weeks of treatment and current literature does not support the protracted use of such procedures in the management of lower back disorders. Bronfort noted that, based on the most recent and comprehensive systematic reviews, there is moderate evidence of short-term efficacy for spinal manipulation in the treatment of both acute and chronic low back pain. There is insufficient data available to conclusions regarding the efficacy for lumbar radiculopathy. The evidence is also not conclusive for the long-term efficacy of spinal manipulation for any type of low back pain. As reference in Bronfort G. "Spinal manipulation: current state of research and its indications." Neuro Clin 1999 Feb;17(1):91-111.

McDonald and Bell, in an open controlled pilot trial on nonspecific low back pain patients to assess the effects of spinal manipulation as reference in McDonald, R.S., and Bell, C., "An open controlled assessment of osteopathic manipulation in nonspecific low back pain", Spine, 15:364-370, 1990), found that after 4-6 weeks there was no appreciable improvement in the disability index (a measure of activities of daily living interference).

Haldeman reported that manipulation appears to have its greatest effect immediately following treatment and during the initial two to six weeks of ongoing treatment. Haldeman noted that the effectiveness of manipulation for the management of back pain seems to be minimal at 3 months to

12 months (Haldeman, S. "Spinal manipulative therapy: A status report, Clinical Orthopedics and Related Research, 179:62-70, 1983).

Therefore, it is determined that the 07/29/02 office visit and the use of therapeutic exercises from 08/01/02 through 10/23/02 were medically necessary. However, the use of physical education services on 03/12/02, the use of ultrasound, massage, and the brief office visit from 08/01/02 through 10/23/02 were not medically necessary. The use of joint mobilization from ____ through ____ was not medically necessary 14 months post-injury.

Sincerely,