

MDR Tracking Number: M5-03-1388-01

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 chiropractic treatment was 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 chiropractic treatment 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 1/18/02 to 2/11/02 is denied and the Division declines to issue an Order in this dispute.

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

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

NOTICE OF INDEPENDENT REVIEW DECISION

May 1, 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 #: M5-03-1388-01
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 an occupational injury on ___ to his lumbar spine. He completed an apparent 8 weeks of a work-hardening program consisting of therapeutic activities including Thera-bands, stretching, treadmill, cognitive skills, proprioceptive exercises, stationary bike, and passive modalities.

Requested Service(s)

Requested services were chiropractic treatment rendered from 1/18/02 through 2/11/02.

Decision

It is determined that the chiropractic treatment rendered from 1/18/02 through 2/11/02 was not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The supplied and reviewed documentation does not support the medical necessity of a multi-disciplinary work-hardening program. Specifically, there are no indications documented that this patient was suffering from any psychosocial overlay complicating recovery and that none of the daily notes indicated this patient participated in any psychosocial activities that would be a typical component of any work-hardening program. Also, there were no pre- and post- Functional Capacity Evaluations (FCE) included for review although it was noted they were done. Without the benefit of results from an FCE both before and after the work hardening program, it is difficult to ascertain the need and/or efficacy of the program.

Therefore, the chiropractic treatment rendered from 1/18/02 through 2/11/02 was not medically necessary.

Sincerely,