MDR Tracking Number: M5-03-1410-01

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 that the total amount recommended for reimbursement does not represent a majority of the medical fees of the disputed healthcare; 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 physical therapy, range of motion testing and muscle testing from 1-15-02 through 2-7-02 were found to be medically necessary. The temperature gradient study on 1-17-02 and the office visits, physical therapy, range of motion, muscle testing, and neurodiagnostic study from 2-11-02 through 3-12-02 were not found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these services charges.

The above Findings and Decision are hereby issued this 13th day of May 2003.

Dee Z. Torres 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 dates of service 1-15-02 through 3-12-02 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 13^{th} day of May 2003.

Roy Lewis, Supervisor Medical Dispute Resolution Medical Review Division

RL/dzt

NOTICE OF INDEPENDENT REVIEW DECISION

Date: April 8, 2003

Requester/ Respondent Address: Rosalinda Lopez

TWCC

4000 South IH-35, MS-48 Austin, Texas 78704-7491

RE: MDR Tracking #: M5-03-1410-01

IRO Certificate #: 5242

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.
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has performed an independent review of the proposed 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 Chiropractic physician reviewer. The Chiropractic physician reviewer 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

According to the documentation submitted, the case at hand involves a claimant who was injured while on the job on ____. Allegedly, the claimant strained his neck while lifting a refrigerator. The claimant reported to a local emergency room on 12/25/01. He was diagnosed with an acute cervical strain and was given prescriptions for Vicodin, Naprosyn and Skelaxin. He had a chiropractic consultation with a Chiropractor on 1/2/02. The claimant began chiropractic care under another Chiropractor on 1/14/02. He was diagnosed with cervical disc disorder, brachial neuritis/radiculitis, and spasm of muscle. The claimant was put on a treatment plan of 5 visits

per week for 2 weeks and 4 visits per week for 6 weeks. Plain film x-rays of the cervical spine were conducted on 1/14/02 revealing ligamentous laxity and hypomobility from C2-C6. An MRI study of the cervical spine was conducted on 2/26/02 revealing a 2mm disc protrusion at C4/5 and a 6mm left disc protrusion at C6/7. A neurological CPT study was performed on

2/28/02. A functional capacity exam was conducted on 3/14/02 and the claimant was released to work with restrictions on 3/18/02. The claimant attended an orthopedic consult on 3/22/02.

Requested Service(s)

The medical necessity of outpatient services rendered from 1/15/02 through 3/12/02 including office visits, physical therapy, PPT, temperature gradient studies, range of motion, and unlisted neurodiagnostic procedure.

Decision

All office visits, physical therapy procedures (including joint mobilization and therapeutic activities), range of motion testing, and muscle strength testing conducting from 1/15/02 through 2/7/02 were medically rational and necessary. All chiropractic office visits, joint mobilization, manual traction, therapeutic exercises, range of motion testing and muscle strength testing conducted beyond 2/7/02 were neither medically reasonable nor necessary.

The CPT neurodiagnostic study, the chiropractor's interpretation of the CPT neurodiagnostic study and the temperature gradient studies were neither medically reasonable nor necessary.

Rationale/Basis for Decision

The original diagnosis for the work related injury was cervical sprain. On 1/14/02 the Chiropractor changed this diagnosis to cervical disc disorder and brachial neuritis/radiculitis without any objective diagnostic studies to support these diagnoses. Without the proper diagnostics prior to the onset of chiropractic therapy, cervical strain is the only reasonable, compensable diagnosis.

The accepted natural history for such an injury is 10-14 weeks without care. Appropriate physical therapy should shorten the resolution time substantially. Since the claimant spent 2 weeks under analgesic and anti-inflammatory therapy and since the chiropractor saw the claimant daily then 4 times weekly, 4 weeks of care would be within good reason and necessity by current and accepted standards. Although the Chiropractor provided objective information in the way of range of motion and muscle strength testing, the values of these tests at onset of care, 2 weeks into care, and at 4 weeks into care do not justify care extended by 4 weeks.

The cervical MRI study was reasonable, but should have been performed at the onset of chiropractic care if the Chiropractor suspected a cervical disc problem. Neither the CPT neurodiagnostic study nor the temperature gradient study is within current and accepted standards of care. If the Chiropractor suspected neurological deficiency in the left upper extremity, a needle NCV study of the left upper extremity nerves would have been appropriate if conducted around the onset of care.

Basically because the Chiropractor neglected to apply the appropriate diagnostic studies to support his diagnoses at the beginning of his care regimen, his diagnoses are not valid and the only reasonable diagnosis and relative care pertain to the compensable cervical strain.

This decision by the IRO is deemed to be a TWCC decision and order.

In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to TWCC via facsimile or U.S. Postal Service from the office of the IRO on this 8th day of April 2003.