

MDR Tracking Number: M5-03-1496-01

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, 2003 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 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 adverse determination that the 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 the chiropractic treatments 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 2/19/02 through 5/30/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 1st day of July 2003.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division

MQO/mqo

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

June 27, 2003

Re: IRO Case # M5-03-1496-01

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 Doctor of Chiropractic who is licensed by the State of Texas, and who also is a Certified Strength and Conditioning Specialist. 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 injured his lower back on ___ while lifting a piece of pipe. He received two months of medical treatment without improvement. He then presented to the treating chiropractor for chiropractic treatment. The patient was placed at MMI on 2/25/02.

Requested Service(s)

Chiropractic treatments 2/19/02 – 5/30/02

Decision

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

Rationale

The patient was treated for two months with extensive medical treatment, and for two months with chiropractic treatment that failed prior to the dates of service in dispute. He then participated in a work hardening program and was able to return to work. Since the initial trial of two months of chiropractic treatment failed, there was no reason indicated why a second course of treatment during the dates in dispute would be reasonable or necessary.

Treatment for an injury should be provided in the most appropriate, least intensive setting and should demonstrate objectively measured functional gains. The treatment in dispute failed to meet these criteria. In my opinion, chiropractic treatment for this patient's type of spinal injury was inappropriate, and the patient should have been treated by a neurosurgeon. The patient's pre-existing spinal stenosis and degenerative changes would not have responded to chiropractic treatment.

The patient was placed at MMI on 2/25/02. His condition was thus thought to have stabilized, and after that date all further treatment should have been reasonable and effective in relieving symptoms or improving function. The documentation presented for this review failed to show how the disputed services were necessary. The patient's condition had plateaued in a diminished state prior to the disputed treatment period, and further chiropractic treatment would not have been necessary.

The treatment documentation was monotonous, computer generated and repetitive, lacking objectively measured functional gains.

Therapeutic exercises were excessive for a lumbar strain and do not require one on one therapy. CPT Code 99213 was inappropriate because it is an expanded office visit focusing on history and examination, and would be unnecessary as the chiropractor had seen the patient enough times to know his history. A disability examination was unnecessary as the patient had had numerous examinations demonstrating no improvement or functional gains. Other disputed testing was inappropriate, costly, and provided little helpful information that would benefit the patient. Treatment remained the same after the examinations and tests.

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

Sincerely,