

THIS DECISION HAS BEEN APPEALED. THE  
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:  
SOAH DOCKET NO. 453-03-3987.M5

MDR Tracking Number: M5-03-1508-01

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 services 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 issues of medical necessity. The IRO agrees with the previous determination that chiropractic service 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 6/11/02 to 9/25/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 16<sup>th</sup> day of June 2003.

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

Re: MDR #: M5-03-1508-01  
IRO#: 5055

\_\_\_ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review \_\_\_ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is Certified in Chiropractic medicine.

Brief Clinical History:

This 65-year-old male suffered a work-related injury on \_\_\_ resulting in immediate low back and left hip pain, as well as headaches and loss of balance.

MRI of the lumbar spine on 10/19/99 demonstrated degenerative disc disease changes at L4-L5 and L5-S1. X-ray on 08/31/99 also showed spondylosis at T-12 through S-1, as well as generalized osteoporosis.

The patient has undergone numerous amounts of chiropractic and rehabilitative care over the past three years. He had gone through biofeedback session to help him to deal with his chronic pain. An MRI on 05/29/02 showed him to be stable.

The patient has also been through large amounts of aquatic therapy (around 07/25/01), rehab, physical therapy, massage, and joint mobilization. He received additional treatment in September and October 2001. The patient returned to work 09/19/02.

Disputed Services:

Chiropractic services from 06/11/02 through 09/25/02

Decision:

The reviewer agrees with the determination of the insurance carrier. The reviewer is of the opinion that the chiropractic treatment in question was not medically necessary in this case.

Rationale for Decision:

The patient had been determined as stable prior to the treatments begun in June 2002. Although the notes provided for review were voluminous, they were very repetitive. Essentially, the patient came in with the same symptoms each day, and left with the same symptoms each day. The records did not note much of a change in his condition at the time of his return to work on 09/19/02.

The reviewer is of the opinion that the patient could have been doing some at-home pain management and pool therapy. Land-based exercises in an at-home program would have been appropriate to deal with his chronic pain versus all the treatment rendered during the time in question.

I am the Secretary and General Counsel of \_\_\_ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Sincerely,