

MDR Tracking Number: M5-03-1516-01

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 (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 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 office visit 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 9/20/02 to 10/25/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 20th day of May 2003.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division
NLB/nlb

NOTICE OF INDEPENDENT REVIEW DECISION

May 9, 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 #: M5-03-1516-01
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 injury while at work on ___ as a maintenance worker while bending over to pick up a trash bag. As he stood up, he reported pain to his lower back, radiating down his buttock, knee, and leg. An MRI on 03/23/00 revealed mild L5-S1 disc bulge with small annular tear and mild stenosis at L4-5 and L5-S1. This patient has been under the care of a chiropractor for rehabilitation and various therapeutic modalities.

Requested Service(s)

The chiropractic treatment rendered from 09/20/02 through 12/04/02

Decision

It is determined that the chiropractic treatment rendered from 09/20/02 through 12/04/02 were not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

It is not evident that this patient was significantly benefiting from the course of care rendered. Specifically, comparing data from the initial exam to the exam of 09/19/02, it is not evident that increases were being made in range of motions or low back pain improvement. Also, having been injured on ___, the patient had long since exceeded the expected natural history for this soft tissue injury. The patient did have positive MRI findings; however they were mild in nature and did not rend the patient a surgical case.

Therefore, it is determined that the chiropractic treatment rendered from 09/20/02 through 12/04/02 were not medically necessary.

Sincerely,