

MDR Tracking Number: M5-03-1540-01

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 **or 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 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 medical necessity was the only issue to be resolved. As the treatment was not found to be medically necessary, reimbursement for dates of service from 4-10-02 through 10-1-02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 12th day of June 2003.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

DZT/dzt

NOTICE OF INDEPENDENT REVIEW DECISION

June 6, 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 #: M5-03-1540-01
IRO Certificate #: IRO 4326

The ___ 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. ___ 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 injuries to his cervical and lumbar spines ___ while helping a coworker lift 400-pound tarps to a cart. A cervical MRI from 12/29/00 revealed a small central herniated nucleus pulposus (HNP) without significant impingement. He has been under chiropractic care for therapy and manipulation.

Requested Service(s)

Chiropractic treatments rendered from 04/10/02 through 10/01/02

Decision

It is determined that the chiropractic treatments rendered from 04/10/02 through 10/01/02 were not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The medical record indicated the patient had several areas of injuries due to his accident on ____. An evaluation was done and a treatment program was initiated. A report from 04/24/02 indicated the initial injury was on ____. There was an interim assessment report dated 04/09/02 which essentially restated previous reports. There is no causation which can connect the symptoms and problems this patient was having on ___ with his initial injury on ____. A small disc herniation in and of itself does not normally require treatment approximately one and ½ years after an injury.

This patient complained of slight symptomatology. Minimal decrease in range of motion was noted. There was a slight tenderness on palpation. Reflexes and sensation were normal and there was no positive orthopedic test. There is no documentation found that he is taking any medication for pain. Therefore, these findings were not sufficient to justify additional treatment or aquatic therapy/exercises, joint mobilization, massage, or phonophoresis. There are no accepted national standards of care that allow for this type of therapy as it relates to an injury one and ½ years after the date of injury. Therefore, it is determined that the chiropractic treatments rendered from 04/10/02 through 10/01/02 were not medically necessary.

Sincerely,