

THIS DECISION HAS BEEN APPEALED. THE FOLLOWING  
IS THE RELATED SOAH DECISION NUMBER: 453-03-3644.M5

MDR Tracking Number: M5-03-1585-01

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 office visits w/manipulations and physical therapy 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 visits w/manipulations and physical therapy 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 5/8/02 to 11/6/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 19<sup>th</sup> day of, May 2003.

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

#### NOTICE OF INDEPENDENT REVIEW DECISION

May 14, 2003

Program Administrator  
Medical Review Division  
Texas Workers Compensation Commission  
4000 South IH-35, MS 48  
Austin, TX 78704-7491

RE: MDR Tracking #: M5-03-1585-01  
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 injured his back on \_\_\_ while working as a baggage handler for an airline. He was treated by his chiropractor and had an MRI on 02/20/02 which revealed disc bulges at L2-3, L3-4, L4-5, and L5-S1 with no obvious mass effect on the exiting roots.

#### Requested Service(s)

Office visits with manipulation and physical therapy sessions from 05/08/02 through 11/06/02

#### Decision

It is determined that the office visits with manipulation and physical therapy sessions from 05/08/02 through 11/06/02 were not medically necessary to treat this patient's condition.

#### Rationale/Basis for Decision

The medical record does not show sufficient rationale for continued passive applications following an active-patient driven therapy like work hardening. Available treatment guidelines address the necessity of returning an injured worker to function, not increasing reliance on passive therapeutics. The decision to implement a return to work (RTW) program with an injured worker who performs Manual Materials Handling applications as an integral part of his work was extremely appropriate. It is necessitated that the patient learn proper body mechanics in lifting and begin the strengthening/endurance process associated with repetitive movement under clinical supervision. Therefore, the office visits with manipulation and physical therapy sessions from 05/08/02 through 11/06/02 were not medically necessary.

The aforementioned information has been taken from the following guidelines of clinical practice and/or clinical references:

- Unremitting low back pain. In: North American Spine Society phase III clinical guidelines for multidisciplinary spine care specialists. North American Spine Society. Unremitting low back pain. North American Spine Society (NASS); 2000. 96p.
- Clinical practice guidelines for chronic, non-malignant pain syndrome patients II: an evidence-based approach. J Back Musculoskeletal Rehabil 1999 Jan 1; 13; 47-58.
- Keane G, Saal J. The sports medicine approach to occupational back pain. West J Med 1991; 154 (May): 525-527.

Sincerely,