

MDR Tracking Number: M5-03-1595-01

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 assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent.

The requestor submitted a withdrawal for date of service 6/18/02 due to receiving payment from the respondent, therefore, this date will no longer be a part of this Finding and Decision.

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 was not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The disability whole procedure and special report were found to be medically necessary. It was determined that the therapeutic procedure, massage therapy and office visits provided from 6/27/02 through 7/25/02 were not medically necessary. The respondent raised no other reasons for denying reimbursement for these disability whole procedure and special report charges.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 6/27/02 through 9/24/02 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order 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

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

RE: MDR Tracking #: M5-03-1595-01  
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. \_\_\_ 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 is a firefighter who sustained a back injury on \_\_\_ when lifting 50 pound bags onto a compartment of a fire engine. He heard a pop in his lower back and immediately reported a sharp pain radiating down his hip, buttock, and left leg. An MRI performed on 05/16/02 revealed desiccation at L4-L5 disc space. He had been under the care of a chiropractor for four months.

#### Requested Service(s)

Therapeutic procedure, massage therapy, office visits, work-related medical disability whole procedure, and special reports from 06/27/02 through 09/24/02

#### Decision

It is determined that the provider's utilization of a disability evaluation and report generation provided from 06/27/02 through 09/24/02 were medically necessary to treat this patient's condition; however, the therapeutic procedure, massage therapy, and office visits provided from 06/27/02 through 09/24/02 were not medically necessary to treat this patient's condition.

#### Rationale/Basis for Decision

There is no documentation submitted that warrants the regression of the patient to a non-land based aquatic program in an effort to progress a patient toward his functional rehabilitation goals. Reviewed medical record shows a 3-month trial of chiropractic applications prior to the provider's referral to an orthopedic surgeon for evaluation. In this evaluation, the physician noted the amount of time this patient was off work. He stated a return-to-work program like work hardening would be most appropriate. However, on 06/27/02 through 09/24/02 the patient was regressed through a course of aquatic therapies with a transition to therapeutic activities. The only recognized treatments that can reduce disability and pain in patients with chronic back problems is

cardiovascular fitness and general functional restoration. The medical record does not indicate how the provider was going to allow the patient to achieve his functional rehabilitation goals with the applied therapeutics. Therefore, the provider's utilization of a disability evaluation and report generation provided from 06/27/02 through 09/24/02 were medically necessary. However, the therapeutic procedure, massage therapy, and office visits provided from 06/27/02 through 09/24/02 were not medically necessary.

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

- Ganora A. Rehabilitation of work-related back injury. *Aust Fam Physician* 1986; 15:432-434.
- Overview of implementation of outcome assessment case management in the clinical practice. Washington State Chiropractic Association; 2001. 54p.
- 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.

Sincerely,