

MDR Tracking Number: M5-03-1615-01

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 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.

Based on review of the disputed issues within the request, the Division has determined that the chiropractic treatments were the only fees involved in the medical dispute to be resolved. As the chiropractic treatments were **not found to be medically necessary**, reimbursement for dates of service from 5/13/02 through 6/6/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 24<sup>th</sup> day of June 2003.

Margaret Q. Ojeda  
Medical Dispute Resolution Officer  
Medical Review Division

MQO/mqo

#### **NOTICE OF INDEPENDENT REVIEW DECISION**

**Date:** June 23, 2003

**RE: MDR Tracking #:** M5-03-1615-01  
**IRO Certificate #:** **5242**

\_\_\_ 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 proposed 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 Chiropractic physician reviewer. The Chiropractic physician reviewer 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**

According to the documentation supplied, it appears that the claimant injured his back on \_\_\_ while lifting at work. The claimant was treated by \_\_\_ from 07/24/2001 through 09/04/2001 with extensive therapy. A MRI was performed on 08/18/2001 that revealed that the claimant had disc desiccation and bulging at L4-5 and L5-S1. There was no nerve impingement or herniation found. There were no documented visits between 09/05/2001 until 04/09/2002 when the claimant returned to \_\_\_ with low back pain. Chiropractic therapy was initiated again to help alleviate the claimant's symptoms. The claimant was referred to \_\_\_ for pain medication. The treatment continued until 06/06/2002 when the documentation ended.

### **Requested Service(s)**

Please review and address the medical necessity of the outpatient services including the chiropractic treatments rendered between 05/13/2002 – 06/06/2002.

### **Decision**

I agree with the insurance company that the treatment rendered between 05/13/2002 – 06/06/2002 was not medically necessary.

### **Rationale/Basis for Decision**

The claimant underwent an adequate trial of care after his initial injury (07/24/2001 – 09/04/2001). The claimant had returned to work in a full time capacity and did not receive any therapy from 09/05/2002 until his presentation to \_\_\_ on 04/09/2002. It appears the claimant suffered an acute exacerbation of his original injury and therefore was entitled to care. A short period of care, approximately 2 weeks, would be sufficient to help reduce the claimant's pain. Since the claimant had not received any care for a period of 7 months, it would be assumed that the claimant was not suffering during this time. If this injury was not new, as stated in the documentation, then the treatment should have been effective in a relatively short timeframe. Extensive treatment for an acute exacerbation of an old injury is not medically necessary in this case. An MRI dated 08/18/2001 reported a disc bulge with no herniation and no impingement upon the effacing nerves. This limits the initial diagnosis to a lumbar sprain/strain with some pre-existing degenerative changes. The therapy rendered in 2001 and the first 2 weeks after presentation to \_\_\_ is medically necessary.