

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 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 chiropractic treatment 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 1/21/02 to 8/6/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 17th day of June 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

June 6, 2003

Re: IRO Case # M5-03-1622-01

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the

proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Physical Medicine and Rehabilitation. He or she has signed a certification statement attesting 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 referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient is a 49-year-old male who was injured on ____. He bent over to empty an ice chest when he felt acute onset of pain in his low back. He presented to the treating chiropractor that day. X-rays of the lumbar spine were negative for fracture or bony deformity. The patient was treated with physical therapy. An MRI of the lumbar spine on 6/23/98 was significant for a fragmented disk extrusion at L4-5. No records were provided for the period 6/24/98 – 5/13/02. At some point in 2002 the patient's symptoms increased and physical therapy was started. According to an Independent Medical Evaluation report the patient had been seeing the treating chiropractor throughout 2002. A repeat MRI on 6/11/02 showed a disk protrusion at L4-5. There was no mention of an extruded fragment. The patient continued with physical therapy through August 2002.

Requested Service(s)

Therapeutic procedure, aquatic therapy, ultrasound, office visits, phonophoresis & supplies, 7/17/02 – 8/7/02

Decision

I agree with the carrier's decision to deny the requested treatment.

Rationale

According to the records provided for this review the patient originally injured his back on ____. He then apparently suffered an exacerbation of his low back pain in early ____ and was treated with chiropractic and physical medicine treatments for several months during 2002. From the records presented, it appears that this patient's treatments were excessive and medically unnecessary services as he was four years post original injury and several months post exacerbation of his low back pain. The records provided for this review do not show objective evidence on testing or examination of a change in physical status that would require the additional treatment.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

Sincerely,
