

MDR Tracking Number: M5-03-1633-01

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 Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(q)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

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 office visits, physical medicine treatment, kinetic activities, and special reports were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these office visits, physical medicine treatment, kinetic activities, and special report charges.

This Finding and Decision is hereby issued this 30th day of May 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

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 3/11/02 through 7/1/02 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 30th day of May 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division
RL/cl

NOTICE OF INDEPENDENT REVIEW DECISION

May 28, 2003

MDR Tracking #: M5-03-1633-01
IRO Certificate #:IRO4326

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. ___'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 sustained a low back injury on ___ when she slipped on a wet floor and fell on her buttocks. She was initially treated by a chiropractor. Electromyography (EMG) studies of the lower extremities from 01/31/02 revealed bilateral S1 radiculopathy. An MRI performed on 01/14/02 revealed multiple disc protrusions at L3-4, L4-5, and L5-S1. This patient had also received lumbar epidural steroids injections with success.

Requested Service(s)

Office visits, physical medicine treatment, kinetic activities, and special reports from 03/11/02 through 03/22/02 and 3/27/02 through 07/01/02

Decision

It is determined that the office visits, physical medicine treatment, kinetic activities, and special reports from 03/11/02 through 03/22/02 and 3/27/02 through 07/01/02 were medically necessary to treat this patient's condition.

Rationale/Basis for Decision

This patient underwent a series of four epidural steroid injections. The orthopedic surgeon performing the injections insisted on a short course of physical therapy after each one. The dates of injections and the dates of physical therapy provided by a chiropractor correlate with one another. The use of kinetic activities, office visits, physical medicine treatments, and special reports was medically necessary, in this case, as it was necessary for the patient to receive the active care interventions on the dates of service between epidural steroid injections.

The Philadelphia Panel found that therapeutic exercises were found to be beneficial for chronic, subacute, and post-surgery low back pain. Continuation of normal activities was the only intervention with beneficial effects for acute low back pain. For several interventions and indications (e.g., thermotherapy, therapeutic ultrasound, massage, electrical stimulation), there was a lack of evidence regarding efficacy. Reference: "Philadelphia Panel Evidence-Based Guidelines on Selected Rehabilitation Interventions for Low Back Pain". Physical Therapy. 2001, 81:1641-1674.

Therefore, it is determined that the office visits, physical medicine treatment, kinetic activities, and special reports from 03/11/02 through 03/22/02 and 3/27/02 through 07/01/02 were medically necessary.

Sincerely,