

THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER:

SOAH DOCKET NO. 453-03-3771.M5

MDR Tracking Number: M5-03-1647-01

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 (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 7/22/02 to 7/24/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 16th day of May 2003.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division
NLB/nlb

NOTICE OF INDEPENDENT REVIEW DECISION

May 8, 2003

MDR Tracking #: M5-03-1647-01
IRO Certificate #:IRO 4326

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

The patient sustained a work-related injury on ___ when she slipped down several steps of a bus and injured her back and neck. The patient's initial symptoms were back pain, bilateral radicular lower extremity symptoms, severe neck pain, headaches, and bilateral radicular upper extremity symptoms. An MRI performed in April of 1997 revealed degenerative changes in the lumbar spine. Nerve conduction studies were reported as normal. The patient received chiropractic care.

Requested Service(s)

Chiropractic care provided from 07/22/02 through 07/29/02

Decision

It is determined that the chiropractic care provided from 07/22/02 through 07/29/02 was not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The patient received a cursory examination on 07/22/02; however, no orthopedic or other objective testing was performed by the chiropractor. The attending chiropractor did perform nerve conduction velocity testing that could be considered as premature. Additionally, it is not apparent that any x-ray studies were repeated to rule out significant pathologies associated with pain levels of 10/10. The initial comprehensive examination typically is conducted to develop a clear symptom picture, differential diagnosis and treatment plan. Without this initial examination or x-rays or development of any objective information, the rationale for any follow-up care cannot be established. There are no documented factors that would indicate that the patient sustained anything but a soft tissue type sprain/strain injury that should have been resolved. The medical record documentation does not indicate why the patient should be experiencing ongoing or recurring symptomatology over ___ post injury. Therefore, the chiropractic care provided from 07/22/02 through 07/29/02 was not medically necessary.

Sincerely,