

MDR Tracking Number: M5-03-1648-01

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 **or 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 office visits and physical therapy treatment 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 office visits and physical therapy 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 10-21-02 through 11-4-02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 4th day of June 2003.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

DZT/dzt

NOTICE OF INDEPENDENT REVIEW DECISION

May 29, 2003

Re: IRO Case # M5-03-1648

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 Doctor of Chiropractic who is licensed by the State of Texas. 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 injured his lower back while working as a carpenter on ___ when he slipped and fell into a ditch and the plywood he was holding fell on his left thigh. His initial exam at the requesting medical facility was on 5/26/00. The patient stated on 7/30/02 that he missed work from 4/13/00 until 7/30/02. He had low back surgery on 9/11/00. On 6/18/02 underwent replacement of a spinal cord stimulator synergy battery.

Requested Service(s)

Office visits, physical therapy, 10/21/02-11/4/02.

Decision

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

Rationale

The patient had extensive conservative treatment, injections, medication, and surgery with poor results over a period of two years. It was highly unlikely that continued conservative treatment would be beneficial in relieving symptoms or improving function and returning the patient to his job. The documented protocol for the disputed services would not facilitate return to productivity either in a full or modified duty, as the patient's condition had plateaued in a diminished state. Documentation provided of the patient's care did not show it to be producing measurable or objective improvement. On his first visit, his pain scale was documented as 6/10, and then on his last visit on 11/4/02, it was still subjectively 6/10. All forms of treatment prior to the dates in dispute had failed. Prior to the dates of the services in dispute, the prognosis would have been poor at best that the patient would respond to more chiropractic treatment. His doctors should have formulated that opinion, but they failed to do so. The documentation does not show how the services in dispute were necessary.

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

Sincerely,