

MDR: Tracking Number M5-03-1655-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General 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. This dispute was received on 3-11-03.

The IRO reviewed chiropractic treatment rendered from 3-13-02 through 9-3-02 that were denied based upon "U".

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. Consequently, the requestor is not owed a refund of the paid IRO fee.

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 not the only issue** to be resolved.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On July 29, 2003, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

The requestor did not submit medical records to support the fee dispute in accordance with Rule 133.307(g)(3)(B); therefore, no reimbursement is recommended for services denied without an EOB denial code.

This Decision is hereby issued this 25<sup>th</sup> day of November 2003.

Elizabeth Pickle  
Medical Dispute Resolution Officer  
Medical Review Division

**IRO Certificate #4599**

**NOTICE OF INDEPENDENT REVIEW DECISION**

July 19, 2003

**Re: IRO Case # M5-03-1655-01**

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, Rule133.308 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 her lower back on \_\_\_. She has been treated with physical therapy, chiropractic, epidural steroid injections, medication, and spinal surgery in October 2002.

Requested Service(s)

Office visits, myofascial release, therapeutic activities, joint mobilization, therapeutic procedure, electrical stimulation 3/13/02 – 3/18/02, 4/8/02-5/29/02, 9/3/02

Decision

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

Rationale

The documentation provided for the dates in dispute is very limited, and lacks objective, quantifiable findings to support treatment. Most of the documentation is subjective in nature, relating only to pain. The documentation lacks specific treatment details to support CPT codes utilized. The SOAP notes lacked the patient's response to treatment. The documentation failed to show any relief of symptoms or improved function. Treatment must be reasonable and effective in relieving symptoms or improving function, and in this case, the documentation failed to show that it was.

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

Sincerely,