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

SOAH DOCKET NO. 453-03-4447.M5

MDR: Tracking Number M5-03-1685-01

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 (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 office visits with manipulation, traction, myofascial release, tissue mobilization, therapeutic procedures, ultrasound and massage therapy 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 the office visits with manipulation, traction, myofascial release, tissue mobilization, therapeutic procedures, ultrasound and massage therapy 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 6/28/02 to 1/3/03 is denied and the Division declines to issue an Order in this dispute.

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

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

July 14, 2003

David Martinez
TWCC Medical Dispute Resolution
4000 IH 35 South, MS 48
Austin, TX 78704

MDR Tracking #: M5 03 1685 01
IRO #: 5251

___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this 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 care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Doctor of Chiropractic. The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors 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 the dispute.

CLINICAL HISTORY

This patient was injured on ___ while changing a large patient's diaper as part of her job as a nurse's aide. She began having an almost immediate onset of low back pain. She initially saw ___ and was prescribed medications for a low back sprain/strain. MRI was performed on October 25, 2001, which was negative for pathology. Apparently, she refused PT offered by the treating doctor on the case and change doctors to ___. Extensive care was rendered by the new treating doctor to include chiropractic manipulation and physical medicine. Records indicate that a second MRI was performed which did show a bulge at L5/S1 and a very small bulge at the level of L4/5. Some dessication also existed at those levels. Facet injections were performed by ___ on April 10, 2002, which apparently did improve the patient's pain level. A designated doctor, ___, found the patient to not be at MMI and recommended ESI therapy along with a work hardening program.

DISPUTED SERVICES

The carrier has denied traction, myofascial release, tissue mobilization, therapeutic procedures, office visits with manipulations, ultrasound and massage therapy as medically unnecessary.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

This file is poorly documented for the effectiveness of treatment by the requestor. Specifically, there is no documentation as to why this case would require passive care 8-10 months post injury. Also, there is little documentation as to the progress of the patient during the dates of service. No ongoing records of patient progress which indicates the necessity of the program are presented. The Texas Guidelines for Chiropractic Quality

Assurance and Practice Parameters, as well as a related guideline called the Mercy Center Guides, both indicate that for ongoing treatment of this extensive nature that one should have objective findings of positive progress by the patient. We do not see that in this file.

As a result, I am unable to determine that this care was medically necessary in this patient.

___ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. ___ has made no determinations regarding benefits available under the injured employee's policy.

As an officer ___, I certify that there is no known conflict between the reviewer, ___ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

___ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,