

MDR Tracking Number: M5-03-1719-01

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, the total amount recommended for reimbursement does not represent a majority of the medical fees of the disputed healthcare and therefore, the **requestor did not prevail** in the IRO decision. 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 the only issue** to be resolved. The chiropractic treatment from date 6/10/02 up to date 6/21/02 was found to be medically necessary. The chiropractic treatment rendered after 6/21/02 was not found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these chiropractic treatment charges.

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 6/10/02 through 7/31/02 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 30<sup>th</sup> day of June 2003.

Carol R. Lawrence  
Medical Dispute Resolution Officer  
Medical Review Division

CRL/cl

June 24, 2003

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IRO Certificate # 5259

An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by \_\_\_\_, or by the application of medical screening criteria and protocols formally established by practicing physicians.

All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

\_\_\_ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to \_\_\_.

#### CLINICAL HISTORY

\_\_\_ was apparently injured on \_\_\_ while at work for the \_\_\_\_. \_\_\_ was evaluated utilizing MRI on 4/26/02 by \_\_\_\_, and dermatosensory evoked potential testing was performed on 7/31/02 by \_\_\_\_. According to \_\_\_ report, which has no date of writing, there appears a broad based disc bulge at L3-4 of 3-4mm and a second disc bulge at L5-S1 of 2-3mm with desiccation of the disc. Neither of these was reported to impinge on the neural structures at their respective levels. The interpretive report dated 8/1/02 by \_\_\_ indicates a latent response in the S1 nerve levels bilaterally. \_\_\_ and \_\_\_ go on to say that such findings need to be correlated with clinical evidence. It is of interest that no initial examination from \_\_\_ is present in these papers to either support or not support the MRI or sensory findings with clinical examination findings.

#### REQUESTED SERVICE (S)

The purpose of this review is to determine the medical necessity of the treatments given by \_\_\_ from 6/10/02 to 7/31/02.

### DECISION

The services from the 10<sup>th</sup> day up to the 21<sup>st</sup> day of June 2002 are justifiable. The services rendered after the 21<sup>st</sup> day of June 2002 are not medically justified.

### RATIONALE/BASIS FOR DECISION

The rationale for this decision comes from the "Guidelines for Chiropractic Quality Assurance and Practice Parameters" published in 1993. These are the most current such guidelines available. In Chapter 12 of this reference it states that the presence of a discopathy is not a contraindication to the use of even high-velocity thrust procedures to the area of pathology. However, the 1990 Rand Consensus Panel unanimously agreed to a definition of adequate therapeutic trial for spinal manipulation and passive modalities with related conditions. They recommended a trial of two weeks each utilizing manual and passive modality procedures before considering treatment/care to have failed. Without evidence of progressive improvement over this time frame, spinal manipulation and passive procedures are no longer indicated.

During the initial two week therapeutic trial consisting of 1) therapeutic exercises, 2) manual procedures/myofascial release, 3) joint mobilization and 4) manual traction, no changes are noted by any of the findings recorded by \_\_\_\_.

In fact, the subjective, objective, and assessments are identical for each of the visits during the two-week trial period. Such being the case, \_\_\_\_ should have discontinued care and referred \_\_\_\_ to another doctor for treatment.

After two weeks of care with no improvement, no further treatment/care of this nature can be justified by the currently available literature.