

MDR Tracking Number: M5-03-1720-01

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 office visit was 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 visit 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 date of service 10/29/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 27th day of May 2003.

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

May 21, 2003

Re: MDR #: M5-03-1720-01

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is Certified in Chiropractic medicine.

Clinical History:

This female patient suffered an on-the-job injury on _____. MRI on 08/04/01 indicates disc bulging at L4-5 with neuroforaminal narrowing, and disc bulging was noted at L5-S1. The patient initiated treatment on 06/15/01.

Disputed Services:

Office visit on 10/29/02.

Decision:

The reviewer agrees with the determination of the insurance carrier. The reviewer is of the opinion that this office visit was not medically necessary in this case.

Rationale for Decision:

The provider has shown no definitive evidence to warrant continued treatment and evaluation. The patient's disc bulging and neuroforaminal narrowing revealed in MRI of the lumbar spine has no clinical correlation with her symptomatology. There is no evidence of a referral to activate a multi-disciplinary paradigm. The provider has failed to establish a necessitated basis of care.

The provider implemented conservative chiropractic applications since 06/15/01. The mechanism of injury is more consistent with a strain/sprain treatment algorithm. There is not data forwarded that would warrant continued therapeutic applications.

Clinical References:

Clinical Guidelines on Low Back Pain. American Academy of Orthopedic Surgeons, 1999, 16 p.

I am the Secretary and General Counsel of _____ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Sincerely,