MDR: Tracking Number M5-03-1751-01

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 that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(q)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor $460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

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 treatment/services (including office visits and physical therapy) from 10/14/02 through 12/6/02 and weekly office visits between 12/7/02 and 1/29/03 were found to be medically necessary. The manipulations and physical therapy performed between 12/7/02 and 1/29/03 were not medically necessary. The respondent raised no other reasons for denying reimbursement for these treatment/services (including office visits and physical therapy) charges.

This Finding and Decision is hereby issued this 25th day of July 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

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 10/14/02 through 1/29/03 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 25th day of July 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/crl

NOTICE OF INDEPENDENT REVIEW DECISION - REVISION

Date: June 2, 2003

RE: MDR Tracking #: M5-03-1751-01
IRO Certificate #: 5242

____ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced 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 proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a Chiropractic physician reviewer. The Chiropractic physician reviewer has signed a certification statement stating 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 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 this case.

Clinical History

According to the documentation supplied, it appears that the claimant injured his low back on ___ while performing his normal job duties. The claimant was taken to ___ for treatment. He was given a shot for pain, prescribed medication and taken off work for a week. The following day he reported to the office of ___ for evaluation. The claimant was diagnosed with lumbar disc displacement, lumbosacral neuritis w/radicular symptoms, muscle spasms and joint stiffness. The claimant immediately began chiropractic care. He began with passive modalities and was transitioned into active care. Very little progress was shown. The claimant had a MRI performed on 12/20/2002, which revealed a disc herniation at L4-5 with severe central spinal canal stenosis and a herniation at L5-S1 with mild central spinal canal stenosis. A functional capacity evaluation performed on 12/20/2002 revealed the claimant still had pain of 8-9/10 with 10 being the greatest. The report also stated that the claimant was at a sedentary level. ___ treatment plan did not appear to change much after the results of these tests.

Requested Service(s)

Please review and address the medical necessity of the outpatient services including office visits, manipulations and physical therapy rendered 10/14/2002 – 01/29/2003

Decision

I agree with the treating doctor that the services rendered between 10/14/2002 – 12/06/2002 were medically necessary. I disagree with the treating doctor and agree with the insurance

company that the manipulations and physical therapy performed between 12/07/2002 – 01/29/2003 were not medically necessary. I feel that weekly office visits between 12/07/2002 – 01/29/2003 were medically necessary.

Rationale/Basis for Decision

The injury involved shows a need for conservative therapy for an initial 8 weeks. The therapy was shown to help in the beginning but appeared to plateau. At the end of 8 weeks of therapy, without significant improvement it would be necessary for an appropriate orthopedic referral. The documentation supplied does not validate the care rendered beyond 12/06/2002. The MRI report stating that the claimant had a herniation coupled with central canal stenosis at 2 levels confirms that the patient needed an additional evaluation by an orthopedic specialist. Since Dr. ____ was the claimant's treating doctor the continued weekly office visits would be necessary to help facilitate proper referrals to other doctors and for appropriate diagnostic tests.