

MDR Tracking Number: M5-03-1758-01

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 **or January 1, 2003** 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(r)(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 physical therapy treatments rendered 5-1-02 to 5-7-02 were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these 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 5-1-02 through 5-7-02 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 10<sup>th</sup> day of June 2003.

Dee Z. Torres  
Medical Dispute Resolution  
Medical Review Division  
DZT/dzt

June 6, 2003

#### **NOTICE OF INDEPENDENT REVIEW DECISION**

**RE: MDR Tracking #: M5-03-1758-01**

\_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). \_\_\_ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination.

TWCC assigned the above-reference case to \_\_\_ for independent review in accordance with this Rule.

\_\_\_ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing chiropractor on the \_\_\_ external review panel. The \_\_\_ chiropractor reviewer signed a statement certifying that no known conflicts of interest exist between this chiropractor and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to \_\_\_ for independent review. In addition, the \_\_\_ chiropractor reviewer certified that the review was performed without bias for or against any party in this case.

#### Clinical History

This case concerns a 28 year-old male who sustained a work related injury on \_\_\_. The patient reported that while at work he was lifting concrete blocks when he experienced a strain on his back. The patient reported low back and leg pain since the injury. The diagnoses for this patient include right lumbar radiculopathy, lumbar IVDD, lumbar facet dysfunction and discogenic pain. An MRI showed some mild abnormalities of the L3-L4 and minimal bulging of the disc at the L4-L5 and L5-S1. The patient reported low back and leg pain. The patient was treated with medications, epidural injections, rehabilitation and physical therapy.

#### Requested Services

Electrical Stimulation, myofascial release, kinetic activities, neuromuscular re-education, physical medicine exercises and hot and cold packs from 05/01/02 through 05/07/02

#### Decision

The Carrier's determination that these services were not medically necessary for the treatment of this patient's condition is overturned.

#### Rationale/Basis for Decision

The \_\_\_ chiropractor reviewer noted that this case concerns a 28 year-old male who sustained a work related injury to his back on \_\_\_. The \_\_\_ chiropractor reviewer also noted that the diagnoses for this patient included right lumbar radiculopathy, lumbar IVDD, lumbar facet dysfunction and discogenic pain. The \_\_\_ chiropractor reviewer further noted that the patient was treated with medications, epidural steroid injections, rehabilitation and physical therapy. The \_\_\_ chiropractor reviewer explained that after review of the medical records provided the treatment from 05/01/02 through 05/07/02 was medically necessary. Therefore, the \_\_\_ chiropractor consultant concluded that the electrical stimulation, myofascial release, kinetic activities, neuromuscular re-education, physical medicine exercises and hot and cold packs from 05/01/02 through 05/07/02 were medically necessary to treat this patient's condition.

Sincerely,