

MDR Tracking Number: M5-03-1759-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General 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 dispute was received on March 14, 2003.

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 chiropractic treatment, office visits, supplies and physician education services 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 fees were the only fees involved in the medical dispute to be resolved. As chiropractic treatments, office visits, supplies and physician education services were not found to be medically necessary, reimbursement for dates of service from 7/2/02 through 10/16/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 1st day of December 2003.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division
MQO/mqo

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION AMENDED

November 19, 2003

Re: IRO Case # M5-03-1759

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Physical Medicine and Rehabilitation, and who has met the requirements for TWCC Approved Doctor List or has been approved as an exception to the Approved Doctor List. He or she has signed a certification statement attesting 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 referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient was injured on ____. The patient was eventually evaluated by a spine surgeon in 2002 and was diagnosed with HNPs at L4-5 and L5-S1. The patient also came under the care of a chiropractor and was treated with almost daily chiropractic and therapeutic treatments 7/2/02-10/18/02. The recommendation to proceed with surgery was made by 8/1/02 and the patient underwent posterior lumbar interbody fusion with instrumentation at L4-5 and L5-S1 on 10/21/02.

Requested Service(s)

Chiropractic treatments, office visits, supplies, physician education 7/2/02-10/16/02

Decision

I agree with the carrier's decision to deny the requested treatment.

Rational

The patient was originally injured in ____, and for some reason began almost daily chiropractic treatment on 7/2/02. This continued for over three months. The medical records provided for this review do not document any of the previous treatment following the injury until the dates of disputed services. The records provided for review do not document the medical necessity of such an intensive regimen for such a prolonged period.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.