

MDR Tracking Number: M5-03-1779-01

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 requestor submitted a medical dispute resolution request on 2/11/03 and was received in the Medical Dispute Resolution on 2/14/03. The disputed dates of service 12/17/01 through 2/13/02 are not within the one year jurisdiction in accordance with Rule 133.308(e)(1) and will be excluded from this Finding and Decision.

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 chiropractic treatment/services (including office visits, therapies, DME, impairment rating and testing) were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these chiropractic treatment/service charges.

This Finding and Decision is hereby issued this 17th 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 2/15/02 through 7/8/02 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 17th day of July 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/crl

July 15, 2003

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IRO Certificate No.: 5055

___ 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 male claimant injured his back in a work-related accident on ____. Initial evaluation on 12/11/01 revealed significant subjective symptoms and objective findings that warranted initiation of a treatment program. A lumbar MRI that included disc bulge, as well as lower extremity diagnostic studies, was consistent with left L-5 radiculopathy. Diagnostic spinal sonography assisted in confirming the patient's diagnosis and need for treatment.

The patient was treated initially with passive therapeutic modalities and chiropractic care. He progressed into a more active rehabilitation program. On 04/19/02, the patient was placed at Maximum Medical Improvement (MMI) and given a 10% impairment rating, according to the *AMA Guides to Permanent Impairment, Fourth Edition*.

Disputed Services:

Chiropractic treatment rendered during the period of 02/15/02 through 07/08/02.

Decision:

The reviewer disagrees with the determination of the insurance carrier. The reviewer is of the opinion that the chiropractic services rendered were medically necessary in this case.

Rationale:

The diagnostic testing confirmed the patient's diagnosis. Sufficient and adequate documentation has been provided for each date of service in the form of subjective symptoms, objective findings, assessment, and plan. The daily notes and office documentation reveal that the patient progressed satisfactorily and obtained MMI on 04/09/02.

Once a patient had attained maximum medical improvement and was given an impairment rating, it is not uncommon for an occasional exacerbation of symptomatology that would require additional treatment on a p.r.n. basis.

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,