

MDR Tracking Number: M5-03-1822-01

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 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 chiropractic treatments were not medically necessary.

Based on review of the disputed issues within the request, the Division has determined that the chiropractic treatments were the only fees involved in the medical dispute to be resolved. As the chiropractic treatments were **not found to be medically necessary**, reimbursement for dates of service from 12/16/02 through 1/20/03 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 24th day of June 2003.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division

MQO/mqo

NOTICE OF INDEPENDENT REVIEW DECISION

June 18, 2003

MDR Tracking #:	M5-03-1822-01
IRO Certificate #:	IRO4326

___ 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 rendered 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 matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. ___'s health care professional 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

This patient sustained injuries on ___ after a fall. She had pain in her knees and shoulders bilaterally, and cervical and lumbar areas. A cervical MRI done on 05/19/98 revealed a broad posterior disc herniation at C5-6. Further diagnostic testing revealed diagnoses of bilateral shoulder impingement, bilateral knee derangement, cervical disc herniation, and low back strain.

Requested Service(s)

Chiropractic treatments from 12/16/02 through 01/20/03

Decision

It is determined that the chiropractic treatments from 12/16/02 through 01/20/03 were not medically necessary to treat this patient.

Rationale/Basis for Decision

This patient suffered numerous injuries on ____. She has undergone cervical epidural steroid injections and surgery. The medical record indicated the patient had a re-exam on 10/29/02. The report basically recaps her initial injury and history of accident. There are subjective complaints but no correlation as to why she continues to experience these same symptoms four and ½ years post injury. There is no pain scale recorded on the interim assessment report nor is there any documentation of her taking any pain medications. While there are a few reported objective and exam findings, these were not of the magnitude to require additional intense treatment of three times per week. The records do not support justification for massage interferential and therapeutic exercises in an office setting over four and ½ years post injury.

There is documentation present of a surgical consult indicating she is a candidate for a cervical interbody fusion. This physician recommends medications in the form of acetaminophen and continued rehabilitation. At this point in her treatment, she should have been released to a home exercise program. If at some time, surgery is required, then a post surgical rehabilitation program would be appropriate.

The patient did have intensive treatment and surgery. All necessary treatment as it relates to this injury should have been previously completed. Therefore, it is determined that the chiropractic treatments from 12/16/02 through 01/20/03 were not medically necessary.

Sincerely,