

MDR Tracking Number: M5-03-1823-01

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 (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 disputed 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 medical necessity fees were the only fees involved in the medical dispute to be resolved. As the treatment was not found to be medically necessary, reimbursement for dates of service from 7-29-2 through 7-31-02 denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 20th day of June 2003.

Dee Z. Torres  
Medical Dispute Resolution Officer  
Medical Review Division

**IRO Certificate #4599**

**NOTICE OF INDEPENDENT REVIEW DECISION**

June 17, 2003

**Re: IRO Case # M5-03-1823**

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 Doctor of Chiropractic who is licensed by the State of Texas. 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 injured her neck and lower back on \_\_\_ when she lifted a 50 pound bundle of trousers. The patient was seen by a physician and was treated with medication and released to light-duty work. On 4/26/02 she began treatment with the treating chiropractor. A designated doctor evaluation placed the patient at MMI on 5/30/02 with a 0% whole person impairment.

Requested Service(s)

Office visit, joint mobilization, massage therapy, electrical stimulation, therapeutic exercises 7/29/02, 7/31/02

Decision

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

Rationale

The patient had received extensive chiropractic and rehabilitative treatment prior to the dates in dispute. The patient was placed at MMI on 5/30/02. After an MMI date is reached all future treatment must be reasonable and effective in relieving symptoms or improving function. According to the documentation presented for this review, the patient presented initially with only very minor injuries that should have resolved with treatment in six to eight weeks, without the need for further treatment. The documentation presented did not support the need to treat the patient on 7/29/02 and 7/31/02 and did not show how the disputed treatment was necessary. Over utilization could have led to iatrogenic effects resulting in doctor dependency and a diminished condition.

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

Sincerely,

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