

MDR Tracking Number: M5-03-1827-01

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 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 disputed myofascial release, therapeutic procedures, manual traction and physical performance test were found to be medically necessary. The joint mobilization was found not medically necessary. The respondent raised no other reasons for denying reimbursement.

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 8/9/02 to 8/23/02.

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 20th day of May 2003.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division
NLB/nlb

May 16, 2003

David Martinez
TWCC Medical Dispute Resolution
4000 IH 35 South, MS 48
Austin, TX 78704

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___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this 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 care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Doctor of Chiropractic. The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors 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 the dispute.

CLINICAL HISTORY

This patient was injured when she slipped, falling on her coccyx and causing her to have difficulty walking after the injury. She began treating under ___ with passive and later active care for the injury. She was prescribed the use of a tube cushion for sitting, due to the injury. She also had an onset of lumbar and sacral pain from the injury. CT of the lumbar spine indicated protrusions at L4/5 and L5/S1. There was a clear fracture of the coccyx demonstrated on the CT examination. In addition to physical medicine, she has undergone injections to the coccyx. A RME by ___ indicated that the injuries were valid and consistent with the history of the case. Designated doctor ___ found her not to be at MMI as of November 7, 2002 and projected a MMI date as of January 7, 2003.

DISPUTED SERVICES

The carrier has denied the medical necessity of joint mobilization, myofascial release, therapeutic procedures, manual traction and physical performance tests as medically unnecessary with a peer review.

DECISION

The reviewer agrees with the prior adverse determination regarding joint mobilization. The reviewer disagrees with the prior determination for all other treatments.

BASIS FOR THE DECISION

The treatment rendered was clearly within good practice and was demonstrated to have a positive effect on the patient's condition. A patient with a lumbar disc herniation at 2 levels plus a coccyx fracture would normally expect at least 6 months of treatment and rehabilitation to acquire MMI. This patient was injured on ___ and still had not been found at MMI as of the designated doctor's report in November. This is consistent with the reviewer experience on cases such as this. Also, this care is clearly within the North American Spine Society and TCA Quality Assurance guidelines for treating patients with this condition. Joint mobilization is a form of manipulation. It is included in the base service of any given day by a DC. Records indicate that the treating provider did regularly bill for the office visit with manipulation and was reimbursed for the treatment. It is considered inappropriate by this reviewer to charge for further manipulative therapy.

___ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. ___ has made no determinations regarding benefits available under the injured employee's policy.

As an officer of ___, I certify that there is no known conflict between the reviewer, ___ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

___ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,