

MDR Tracking Number: M5-03-1858-01

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 assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 3-18-03.

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(r)(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 not the only issue** to be resolved. The respondent has agreed to issue payment for services denied per the Medical Fee Guideline. On this basis, the requestor submitted a withdrawal notice dated 10-10-03 for the fee issues. The office visits, spray & stretch, phonophoresis, phonophoresis supplies, MRI spinal canal, therapeutic exercises, FCE, massage, ultrasound, electrical stimulation, and DME (exercise equipment) were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

The above Findings and Decision are hereby issued this 16<sup>th</sup> day of October 2003.

Dee Z. Torres  
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 5-27-02 through 8-27-02 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 16th day of October 2003.

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division

July 16, 2003

Re: Medical Dispute Resolution  
MDR #: M5-03-1858-01  
IRO Certificate No.: IRO 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 female claimant sustained injury to her lower back in an on-the-job accident on \_\_\_\_. Her treatment and recovery were slow, but apparently consistent.

**Disputed Services:**

Office visits, MRI, phonophoresis & supplies, Spray-and-Stretch, therapeutic procedures, FCE, ultrasound therapy, LSO orthosis, electrical stimulation, and exercise equipment, during the period of 05/27/02 through 08/13/02.

**Decision:**

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

**Rationale:**

As the records clearly reflect, the patient's condition did fall into the second level of spinal treatment guidelines. Though the patient's injury and diagnosis findings appeared to be moderate, it is difficult to determine a response rate based solely on the norm. Throughout the case history, the patient showed marked

improvement, though slow; and, she eventually had complete resolution of her injury and symptoms. She has been released with no permanent impairment, and is able to return to gainful employment.

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,