

MDR: Tracking Number M5-03-1899-01

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 12/27/02 and was received in the Medical Dispute Resolution on 12/27/02. The disputed dates of service 10/29/01 through 12/26/02 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 office visits with manipulations were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these office visit charges.

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 12/3/01 through 2/8/02 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 23<sup>rd</sup> day of July 2003.

Carol R. Lawrence  
Medical Dispute Resolution Officer  
Medical Review Division

CRL/crl

July 18, 2003

Re: Medical Dispute Resolution  
MDR #: M5-03-1899-01  
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 male claimant injured his neck and low back on \_\_\_ as a result of a fall at work. He was seen by numerous providers and had an exhaustive diagnostic workup. Salient highlights include lumbar radiculopathy and multi-level cervical radiculopathy. Fusion procedures were considered for both areas, but eventually were decided against in favor of a morphine pump. The patient has apparently opted to defer further invasive procedures, including the morphine pump, in favor of continuing with palliative conservative treatment with his chiropractor.

Disputed Services:

Office visits with manipulation during the period of 12/03/01 through 02/08/02.

Decision:

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

Rationale for Decision:

The patient's injury was severe enough to warrant consideration for multilevel fusion and/or implantation of a morphine pump. However, he refused the procedure in favor of continued palliative chiropractic care. It should be assumed that the patient was continuing to receive some benefit from that conservative treatment.

No double-blind studies exist to validate the efficacy of long-term manipulative therapy to manage chronic pain. We only have the anecdotal evidence of patients and the collected experience of the profession. If this patient's condition worsens, or the manipulations and modalities stop working, then surgery remains an option. The patient will likely then be of the right mindset to maximally benefit from the surgery.

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,