

MDR Tracking Number: M5-03-1932-01

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(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 the only issue** to be resolved. The treatment/services rendered 6-13-02 to 10-11-02 were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these charges.

The above Findings and Decision are hereby issued this 3rd day of July 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 6-13-02 through 10-11-02 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 3rd day of July 2003.

David R. Martinez, Manager
Medical Dispute Resolution
Medical Review Division

DRM/dzt

July 2, 2003

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IRO #: 5251

___ 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 lifting a heavy compressor unit and had a sudden onset of low back pain and felt a pop in his back. He initially went to the company's doctor for treatment and later began treatment at the ___. MRI on August 10, 2002 revealed a herniated disc at the level of L4-5 with degeneration at L3-4. A RME by ___ found him not to be at MMI on October 4, 2002 and recommended ESI therapy. A designated doctor evaluation on February 25, 2003 found the patient not to be at MMI and recommended Chronic Pain Management, Work Conditioning and vocational counseling, as well as a neurosurgical referral. A peer review by ___ was performed on January 23, 2003 and indicated that treatment to date was reasonable but that no further care was necessary.

DISPUTED SERVICES

The carrier has denied the medical necessity of physical therapy and work hardening from June 13, 2002 through October 11, 2002.

DECISION

The reviewer disagrees with the prior adverse determination.

BASIS FOR THE DECISION

The patient in this case clearly has a very serious back injury. Numerous physicians have examined him and recommendations of advanced care were clearly documented in the carrier's own submission to the IRO. The care rendered was certainly extensive, but there was at least some progress documented in the treatment rendered on this case. The work hardening program did seem to help the patient some, although not as successfully as we would like to see in such a program. However, with the numerous opinions on a case such as this and the documentation of positive results it is reasonable to continue with treatment on a patient such as in this case. I would feel that treatment was reasonable for this case and necessary for this patient's recovery.

___ 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 ___, dba ___, 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,