

MDR Tracking Number: M5-03-1962-01

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 (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 4-7-03.

The Division has reviewed the IRO decision and determined that the total amount recommended for reimbursement does not represent a majority of the medical fees of the disputed healthcare; therefore, the **requestor did not prevail** in the IRO decision. Consequently, the requestor is not owed a refund of the paid IRO fee.

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 Division has determined that **medical necessity was the only issue** to be resolved. The office visits, therapeutic exercises, and joint mobilization rendered 5-17-02, 6-14-02 and 7-15-02 and the office visit, electrical stimulation, and joint mobilizations on 12-5-02 were found to be medically necessary. All other office visits and treatment rendered 4-24-02 through 12-5-02 were not found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these services charges.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the 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 4-24-02 through 12-5-02 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 25th day of August 2003.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division
DZT/dzt

August 19, 2003

REVISED DECISION
Revised 6/12/02 to 06/14/02 date of service
in Decision Section

Re: MDR #: M5-03-1962-01

___ 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 strained her lower back while at work on ____. She had a comprehensive program of chiropractic care for at least two months that included referral to an M.D. for medications and steroid injections. In early January 2002, she began an active rehabilitation program from January through July 2002. She had steroid injections on 03/05/02, and again on 05/28/02. After completing a work hardening program during August and September, the patient was declared to be a Maximum Medical Improvement (MMI) with a 5% diagnosis-related estimate Category 2 impairment of her lumbosacral area as of 09/19/02.

Her MRI and nerve conduction tests were essentially normal. She returned to work at a medium work performance level. She is currently still receiving medical care for her lower back complaints.

Disputed Services:

Office visits, therapeutic exercises, electrical stimulation, joint mobilization, myofascial release, hot or cold packs during the period of 04/24/02 through 12/05/02.

Decision:

The reviewer partially agrees with the determination of the insurance carrier and is of the opinion that the patient's office visits and treatments were medically necessary once a month during the disputed time period as follows:

- OV/outpatient evaluation, therapeutic exercises, joint mobilization on 05/17/02, 06/14/02, and 07/15/02
- OV/outpatient evaluation, electrical stimulation, joint mobilization on 12/05/02.

All other office visits and treatments rendered from 04/24/02 through 12/05/02 were not medically necessary in this case.

Rationale:

This patient received two to three months of passive care, seven months of combined active and passive care, and another one to two months of active work hardening, all for an initially fairly uncomplicated lumbosacral sprain/strain diagnosis.

After a maximum of 16 weeks of active rehabilitation, her office visits and treatments should have been dramatically reduced to periodic re-exams and treatment of documented acute exacerbations of her condition. She should have been able to transition to a self-directed exercise and strengthening regimen to maintain her lower back condition. Her office visits and treatments should not have exceeded once a month during the disputed time period.

This opinion is based on established guidelines for sub-acute and chronic complicated conditions. These guidelines include the Mercy Conference Guidelines, the Canadian Glenarlin Guidelines, as well as the Council on Chiropractic Practice. The position of treatment guideline is considered established and accepted within the chiropractic profession at a Consensus Level I, or nearly full agreement.

According to Texas Labor Code 408:021(a), an employee is entitled to the care reasonably required in association with their injury and the treatment thereof. If the patient's condition is not stable, the care to maintain and promote healing is medically necessary.

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,