

MDR Tracking Number: M5-03-1991-01

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 **or January 1, 2003** and Commission Rule 133.305 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 Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the office visit and physical therapy were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

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 visit and physical therapy services were not found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these services charges. As the treatment was not found to be medically necessary, reimbursement for date of service 9-3-02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 10th day of June 2003.

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

June 9, 2003

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

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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 injured on the job on ___ when lifting several cafeteria tables. He had an onset of low back pain from the lifting. He initially was seen by a company doctor and was treated with passive modalities. Records indicate he was removed from work at that point and was returned to light duty 6 months later. He was dissatisfied with his treating doctor and changed to ___ in August of 2002, apparently 2 years since his last treatment. ___ only treated the patient once, on September 3, 2002, after the initial examination. The patient was non-compliant and was released.

DISPUTED SERVICES

The carrier has denied the medical necessity of physical medicine and an office visit on September 3, 2002.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

This case represents a patient who changed doctors after greater than 2 years since his date of injury. While there may have been a discopathy involved, there is no indication that this patient was in need of further care. He was not, apparently, in any acute exacerbation and he had no documentation of re-injury on this case. There is no justification in this file for such an extensive type of treatment program on a patient, especially considering that the treatment rendered was largely passive in nature. As a result, the reviewer is unable to find the care rendered medically necessary.

___ 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,