

MDR Tracking Number: M5-03-1992-01

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 disputed services 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 Division has determined that medical necessity issues were the only fees involved in the medical dispute to be resolved. As the treatment was not found to be medically necessary, reimbursement for dates of service from 4-9-02 through 11-19-02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 27th day of June 2003.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

DZT/dzt

June 26, 2003

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-03-1992-01

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). ___ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ___ for independent review in accordance with this Rule.

___ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing chiropractor on the ___ external review panel. The ___ chiropractor reviewer signed a statement certifying that no known conflicts of interest exist between this chiropractor and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ___ for

independent review. In addition, the ___ chiropractor reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 36 year-old female who sustained a work related injury on ____. The patient reported that while at work she was hit in the neck twice by a trunk lid. The patient underwent an MRI that showed disc bulge at C2-3, disc protrusion at the C3-4 level and mild degenerative changes. In addition, the patient has undergone a myelogram with CT scan following, an EMG and X-Rays. The diagnoses for this patient have included displacement of cervical intervertebral disc without myelopathy and cervical radiculopathy. The patient has been treated with chiropractic care and extensive therapy and has undergone evaluations by orthopedic surgeons and a pain specialist.

Requested Services

Physical therapy services from 4/9/02 through 11/19/02.

Decision

The Carrier's determination that these services were not medically necessary for the treatment of this patient's condition is upheld.

Rationale/Basis for Decision

The ___ chiropractor reviewer noted that this case concerns a 36 year-old female who sustained a work related injury to her neck on ____. The ___ chiropractor reviewer also noted that the diagnoses for this patient included displacement of cervical intervertebral disc without myelopathy and cervical radiculopathy. The ___ chiropractor reviewer further noted that the treatment for this patient has included chiropractic care and extensive therapy and has undergone evaluations by orthopedic surgeons and a pain specialist. The ___ chiropractor reviewer indicated that this patient was treated by a chiropractor for ___ months until 10/29/01. The ___ chiropractor reviewer explained that the patient was released from care and began treatment with another chiropractor. The ___ chiropractor reviewer indicated that the patient was treated approximately 40 times up until 4/9/02. The ___ chiropractor reviewer noted that the patient rated her pain a 10/15 on 11/15/02 and then a 15/15 on 4/9/02 and remained a 15/15 until 9/26/02 when it decreased to a 14/15. The ___ chiropractor reviewer also explained that 40 treatments is more than enough to determine if the patient is going to respond to treatment. The ___ physician reviewer further explained that the patient never responded to treatment and should have been released from care. Therefore, the ___ chiropractor consultant concluded that the physical therapy services from 4/9/02 through 11/19/02 were not medically necessary to treat this patient's condition.

Sincerely,