MDR: Tracking Number M5-03-2039-01

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 (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 chiropractic treatments, including office visits and therapies, 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 the chiropractic treatment fees 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 6/27/02 to 9/4/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 30th day of July 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

July 28, 2003

Re: Medical Dispute Resolution
MDR #: M5-03-2039-01
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 female claimant received chiropractic treatment for her work-related injury that occurred on ___. She injured her buttocks and back.

**Disputed Services:**
Chiropractic treatments during the period of `06/27/02 through 09/04/02.

**Decision:**
The reviewer agrees with the determination of the insurance carrier and is of the opinion that the treatments in question were not medically necessary in this case.

**Rationale:**
According to the *North American Spine Society Guidelines for Unremitting Low Back Pain*, this patient is in the palliative or chronic stage. This stage begins three months after the initial treatment phase ends. A trial or repeat of the tertiary phase of treatment comes only after a review of exacerbation of symptoms. The records provided offered no documentation of the patient's experiencing a recurrence of symptoms, but rather continued episodic pain. Therefore, the treatments rendered during this period of time were not medically necessary for the treatment of this patient.

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,