

MDR Tracking Number: M5-03-2054-01

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 chiropractic treatments including office visits, team conference, electrical stimulation, whirlpool and traction were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

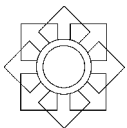
Based on review of the disputed issues within the request, the Division has determined that the chiropractic treatment fees were the only fees involved in the medical dispute to be resolved. As the treatment was not found to be medically necessary, reimbursement for dates of service from 4/23/02 to 12/23/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 6th day of, August 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

Enclosure: IRO decision



Texas Medical Foundation

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NOTICE OF INDEPENDENT REVIEW DECISION

July 29, 2003

Program Administrator
Medical Review Division
Texas Workers Compensation Commission
4000 South IH-35, MS 48
Austin, TX 78704-7491

RE: Injured Worker: _____
MDR Tracking #: M5-03-2054-01
IRO Certificate #: IRO4326

The Texas Medical Foundation (TMF) has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to TMF for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

TMF has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. TMF's health care professional has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to TMF for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This patient sustained a back injury on ___ while moving furniture. He felt a sharp pain in his low back, eventually radiating into his left leg. A lumbar CT scan revealed left foraminal annular tear at L3-4 and moderate facet arthropathy. He saw a chiropractor and started passive and then active modalities. He underwent lumbar epidural steroid and facet injections.

Requested Service(s)

Chiropractic treatments rendered from 04/23/02 through 12/23/02

Decision

It is determined that the chiropractic treatments rendered from 04/23/02 through 12/23/02 were not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

No documentation was provided to support the medical necessity for the team conferences held on 04/23/02 and 08/08/02. In addition, no interdisciplinary care was noted after either date of service as the patient was solely treated with maintenance chiropractic office visits.

The passive physical therapy modalities rendered on 09/04/02 that consisted of whirlpool, electrical stimulation, and mechanical traction were not medically necessary. The treatments were administered well beyond the time period for which such modalities are recommended. The Agency for Health Care Policy and Research: Clinical Practice Guideline Number 14, "Acute Low Back Problems In Adults" indicates that "the use of physical agents and modalities in the treatment of acute low back problems is of insufficiently proven benefit to justify its cost". They did note that some patients with acute low back problems appear to have temporary symptomatic relief with physical agents and modalities. Therefore, the use of passive physical therapy modalities (hot/cold packs, electrical stimulation) is not indicated after the first 2-3 weeks of care.

The Philadelphia Panel found that therapeutic exercises were found to be beneficial for chronic, subacute, and post-surgery low back pain. Continuation of normal activities was the only intervention with beneficial effects for acute low back pain. For several interventions and indications (e.g., thermotherapy, therapeutic ultrasound, massage, electrical stimulation), there was a lack of evidence regarding efficacy. (Philadelphia Panel Evidence-Based Guidelines on Selected Rehabilitation Interventions for Low Back Pain". Physical Therapy. 2001;81:1641-1674).

The chiropractic office visits rendered from 04/23/02 through 12/23/02 were not medically necessary as they did not result in any objectively measurable change in the patient's function and the progress notes revealed no benefits from treatments administered. Chiropractic literature demonstrates that the response to manipulation diminishes as the length of the condition increases. McDonald and Bell, in an open controlled pilot trial on nonspecific low back pain patients to assess the effects of spinal manipulation as reference in McDonald, R.S., and Bell, C., "An open controlled assessment of osteopathic manipulation in nonspecific low back pain", Spine, 15:364-370, 1990), found that after 4-6 weeks there was no appreciable improvement in the disability index (a measure of activities of daily living interference). Therefore, it is determined that the chiropractic treatments rendered from 04/23/02 through 12/23/02 were not medically necessary.

Sincerely,

A handwritten signature in black ink, appearing to read "Gordon B. Strom, Jr.", written in a cursive style.

Gordon B. Strom, Jr., MD
Director of Medical Assessment

GBS:vn