

**THIS DECISION HAS BEEN APPEALED. THE  
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

**SOAH DOCKET NO. 453-04-0046.M5**

MDR: Tracking Number M5-03-2116-01

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 assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent.

The requestor submitted a medical dispute resolution request on 4/25/03 and was received in the Medical Dispute Resolution on 4/25/03. The disputed dates of service 5/18/00 through 4/18/02 are not within the one year jurisdiction in accordance with Rule 133.308(e)(1) and will be excluded from this Finding and Decision.

The Medical Review Division has reviewed the IRO decision and determined, the total amount recommended for reimbursement does not represent a majority of the medical fees of the disputed healthcare and 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 Medical Review Division has determined that **medical necessity was the only issue** to be resolved. One office visit with manipulation a month from 5/3/02 through 3/17/03 was found to be medically necessary. All other office visits and chiropractic treatments rendered from 5/3/02 through 3/17/03 were not found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these one office visit with manipulation a month from 5/3/02 through 3/17/03 charges.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review 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 5/13/02 through 3/17/03 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 15<sup>th</sup> day of July 2003.

Carol R. Lawrence  
Medical Dispute Resolution Officer  
Medical Review Division  
CRL/cl

July 8, 2003

Re: Medical Dispute Resolution  
MDR #: M5-03-2116-01  
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.

**Brief Clinical History:**

This female claimant injured her back while on the job on \_\_\_\_. She has received ongoing care since 05/03/00, and underwent surgery of the lower back in March 2000. Chiropractic services consisted of manipulation, traction, myofascial release, and therapeutic activities. These services have been performed up to as many as three times per week.

**Disputed Services:**

Chiropractic treatments rendered from 05/03/02 through 03/17/03.

**Decision:**

The reviewer partially agrees with the determination of the insurance carrier. The reviewer is of the opinion that one office visit with manipulation per month during the period of 05/03/02 through 03/17/03 was medically necessary. All other office visits and chiropractic treatments rendered from 05/03/02 through 03/17/03 were not medically necessary in this case. It is reasonable and medically necessary for the patient to receive one office visit with manipulation per month in an attempt to manage this case. There is no need at this time for an in-office therapeutic activity program. In addition, the patient should have been given a home exercise program.

**Rationale:**

The records provided for review indicate that this patient received treatments up to as many as three times per week, four to five years after her injury. National treatment guidelines currently in effect, as well as TWCC Treatment Guidelines that were abolished on 02/01/02, do not allow for this frequency of treatment several years after a patient's injury.

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,