

MDR Tracking Number: M5-03-2117-01

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 Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(q)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

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. The chiropractic treatments were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these chiropractic treatment 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 through 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 30th day of June 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

NOTICE OF INDEPENDENT REVIEW DECISION

June 24, 2003

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

RE: MDR Tracking #: M5-03-2117-01
IRO Certificate #: IRO4326

The ___ 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 ___ 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 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. ___ 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 ___ 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 was in a motor vehicle accident on ___ when his car was hit in the rear while stopped at a red light. He sustained injuries and pain to his right knee/leg, right arm, neck, and back. The patient saw a chiropractor for treatment and therapy. He also had a cervical epidural steroid injection on 2/12/02. The patient returned to the chiropractor on 08/21/02 for an exacerbation of his original symptoms due to increasing physical activity at work. The patient states that he would not like to pursue surgical intervention but would like to return to medications and physical treatments for relief.

Requested Service(s)

Chiropractic treatments rendered from 08/21/02 through 09/23/02

Decision

It is determined that the chiropractic treatments rendered from 08/21/02 through 09/23/02 were medically necessary to treat this patient's condition.

Rationale/Basis for Decision

This patient had previous diagnostic tests and treatment that provided improvement and he was working full time when he experienced an exacerbation of his original symptoms. An evaluation was performed on 08/21/02 which revealed significant subjective symptoms and objective findings which necessitated additional treatment as a result of his exacerbation. Appropriate treatment was rendered and a re-evaluation was performed on 09/23/02 which revealed improvement compared to the one prior. At that time, the patient was released to an as needed basis. Each visit was properly documented with subjective symptoms, objective findings, assessment, and plan. Regardless of the amount of previous treatment, national treatment guidelines regarding standards of care allow for additional treatment when exacerbations occur as in this case. Therefore, it is determined that the chiropractic treatments rendered from 08/21/02 through 09/23/02 were medically necessary.

Sincerely,