

MDR Tracking Number: M5-03-2128-01

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 \$450.00** 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, including office visits, myofascial release, hot/cold packs, electrical stimulation and therapeutic procedures were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these chiropractic treatments, including office visits, myofascial release, hot/cold packs, electrical stimulation and therapeutic procedure charges.

This Finding and Decision is hereby issued this 6<sup>th</sup> day of August 2003.

Carol R. Lawrence  
Medical Dispute Resolution Officer  
Medical Review Division

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 from 7/25/02 to 9/26/02 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 6<sup>th</sup> day of August 2003.

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division  
RL/crl

## NOTICE OF INDEPENDENT REVIEW DECISION

July 29, 2003

MDR Tracking #: M5-03-2128-01  
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. \_\_\_'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 \_\_\_ 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 neck injury on \_\_\_ when a ladder fell on him. He reported neck pain radiating down the upper extremities bilaterally with some numbness and tingling. Conservative measures have included muscle relaxants, anti-inflammatory and narcotic medications, physical therapy, chiropractic treatments, and cervical epidural steroid injections.

### Requested Service(s)

Chiropractic treatments rendered from 07/25/02 through 09/26/02

### Decision

It is determined that the chiropractic treatments rendered from 07/25/02 through 09/26/02 were medically necessary to treat this patient's condition.

### Rationale/Basis for Decision

The MRI and electromyography study confirmed the diagnosis of disc syndrome and radiculopathy rather than simple strain and conservative therapy continued. Throughout the time the cervical epidural steroid injections (ESI) were performed, the patient continued to receive primarily active therapy with some passive therapy being included in the treatment plan.

The records clearly indicate improvement of this patient's condition with the combination of cervical ESI's and continued therapy. The patient was placed at maximum medical improvement (MMI) on 08/28/02 by a designated doctor and given a 15% whole person impairment. In injuries of this nature, it is not uncommon for the patient to require treatment of a limited nature even after reaching MMI. Such is the case here. All the treatments rendered in this case clearly fall within the current national treatment guidelines regarding the treatment of cervical disc problems. Therefore, it is determined that the chiropractic treatments rendered from 07/25/02 through 09/26/02 were medically necessary.

Sincerely,