

MDR: Tracking Number M5-03-2141-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 titled Medical Dispute Resolution of a Medical Fee Dispute, 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. This dispute was received on 4-28-03.

The IRO reviewed work hardening and office visit rendered on 8-16-02, 8-20-02, and 9-10-02 denied as unnecessary medical.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. 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 not the only issue** to be resolved.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On July 24, 2003, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

The requestor did not respond to the request for additional documentation. The insurance carrier responded on 8-14-03 and provided EOBs addressing the fee portion of the medical dispute. Since neither party submitted relevant information to support delivery of services for disputed dates of service 5-16-02, 8-7-02 through 8-15-02, and 8-22-02 through 9-6-02, the Medical Review Division cannot recommend reimbursement.

The above Findings and Decision is hereby issued this 14th day of January 2004.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

July 19, 2003

Re: IRO Case # M5-03-2141-01

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a Doctor of Chiropractic who is licensed by the State of Texas. He or she has signed a certification statement attesting 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 referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient injured his back when he was lifting a heavy pipe on ___. He was treated with a TENS Unit, physical therapy, trigger point injections, chiropractic and MRI. He was determined to be at MMI on 8/27/02. An MRI reportedly was normal, as was examination of the lumbar spine by the designated doctor on 8/27/02. Multiple positive Waddell signs were noted.

Requested Service(s)

Work hardening and new patient office visit. 8/16/02, 8/20/02, 9/10/02

Decision

I agree with the carrier's decision to deny the requested treatment.

Rationale

The documentation presented failed to show any improvement in relief of symptoms or function during the work hardening program from 8/6/02 through 9/10/02. The patient's analog pain scale remained at a 6-7 on a scale of 10 during the entire program. On 9/10/02, the patient had to stop his workout on the treadmill because of a "sharp increase in low back pain." The patient refused a referral to ____, and appeared to desire to go to college and have a career in computers. If this was his desire, then the entire work hardening program was not directed at a return of the type of work he wanted to do.

From the documentation presented for this review, the patient's ongoing and chronic care did not appear to be producing measurable or objective improvement, and did not appear to be directed at progression for return to work. It also did not appear to be provided in the least intensive appropriate setting. The patient plateaued prior to the work hardening program, and further conservative treatment would not be effective in relieving symptoms or improving function.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

Sincerely,