

MDR Tracking Number: M5-03-2142-01

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 office visits, aquatic therapy, neuromuscular re-education, FCE, special reports, myofascial release, electrical stimulation, joint mobilization, team conference, manual traction and computer data analysis were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these office visits, aquatic therapy, neuromuscular re-education, FCE, special reports, myofascial release, electrical stimulation, joint mobilization, team conference, manual traction and computer data analysis charges.

This Finding and Decision is hereby issued this 9th day of, July 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer

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 5/2/02 through 10/1/02 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 9th day of July 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/crl

July 3, 2003

David Martinez
TWCC Medical Dispute Resolution
4000 IH 35 South, MS 48
Austin, TX 78704

MDR Tracking #: M5 03 2142 01
IRO #: 5251

___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this 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 care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Doctor of Chiropractic. The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors 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 the dispute.

CLINICAL HISTORY

___ was injured on his job was injured on the job with a ___ and suffered a severe low back injury which required a L4/L5 lumbar laminectomy due to a herniated nucleus pulposus. A post-surgical MRI in November of 2001 revealed further herniation of the disc at the level of L3/L4. His surgeon recommended further rehabilitation following that MRI and he successfully completed that program. However, there was a reoccurrence of the pain after 6 weeks of work on the job. The pain that was documented does indicate that it was radicular in nature. His condition was considered to be acute by the treating doctor and he was returned into a passive program followed by active rehabilitation to

attempt to get the patient back to work. The patient did get a referral to ___ in ___ after that point due to the fact that he continued to have numerous exacerbation incidents. Peer review by ___ on July 9, 2001 indicated that denying a back school at that point. A second chiropractic peer review was performed by ___ who found care to that point was reasonable. The report was dated April 8, 2002. A designated doctor's report from ___ assessed 5% impairment for post-surgical impairment utilizing the 4th Edition of the AMA guides.

DISPUTED SERVICES

The carrier has denied the medical necessity of aquatic therapy, neuromuscular re-education, functional capacity evaluation, special reports, myofascial release, electrical stimulation, office visits, examination, joint mobilization, team conference manual traction, and computer data analysis from May 2, 2002 through October 1, 2002.

DECISION

The reviewer disagrees with the prior adverse determination.

BASIS FOR THE DECISION

This patient has clearly documented pain and disability resulting from his injury that was appropriately rehabilitated by the treating doctor. As a reasonable person could expect that a patient in this condition would experience a series of exacerbations, as did happen, could require some extensive follow-up care. This patient was appropriately treated in this case, even though the extensive care required is outside what would normally be seen in a case such as this. That fact is clearly due to the patient's desire to return to work. In fact, the designated doctor indicated a need for the patient to re-train in a new job due to his inability to perform his job tasks. The treating doctor acted reasonably in his efforts to get this patient into his job and the patient was simply re-injured. As a result, I would find that the care rendered was necessary.

___ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. ___ has made no determinations regarding benefits available under the injured employee's policy.

As an officer of ___, I certify that there is no known conflict between the reviewer, ___ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

___ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,