

MDR: Tracking Number M5-03-2186-01

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

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the chiropractic treatment, including office visits, myofascial release, joint mobilization, muscle energy technique, ultrasound and therapeutic procedures were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Division has determined that the chiropractic treatment fees were the only fees involved in the medical dispute to be resolved. As the treatment was not found to be medically necessary, reimbursement for dates of service from 8/1/02 to 8/6/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 23rd day of July 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

July 17, 2003

Re: IRO Case # M5-03-2186

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, Rule 133.308 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, and who also is a Certified Strength and Conditioning Specialist. 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 lower back on ___ when he was moving a heavy door. He received medication, chiropractic treatment, physical therapy and therapeutic exercises prior to surgery on 3/8/02. As of June 27, 2003, he had received 32 sessions of post-operative therapy.

Requested Service(s)

Chiropractic treatment, 8/1/02-8/6/02

Decision

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

Rationale

The patient received extensive pre-operative and post-operative chiropractic treatment. His pre-operative therapy failed, and post-operative treatment was hindered by an exacerbation on 6/5/02 while attempting to do box squats under supervision. As a strength and conditioning specialist, I question loading the spine and doing back squats. Lunges or dumbbell squats would have been far more appropriate for a patient such as this one. Based on the records 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 provided in the least intensive setting. The claimant had stabilized and plateaued in a diminished condition, and further chiropractic treatment would not relieve his symptoms or improve function.

The documentation provided for this review lacks objective, quantifiable findings to support treatment.

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

Sincerely,