

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, 2003 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 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 adverse determination that the office visits, massage, mechanical traction, analgesic balm, myofascial release, diathermy, joint mobilization 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 office visits, massage, mechanical traction, analgesic balm, myofascial release, diathermy, joint mobilization 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 6/21/02 through 1/10/03 are denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 25th day of July 2003.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division

MQO/mqo

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

July 23, 2003

Re: IRO Case # M5-03-2193-01

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, 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. 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 and neck on ___ when he was unloading several boxes and slipped and fell. Since the injury he has had ongoing chiropractic treatment, and epidural steroid injections.

Requested Service(s)

Office visits massage, mechanical traction, analgesic balm, myofascial release, diathermy, joint mobilization 6/21/02-1/10/03

Decision

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

Rationale

The patient had received extensive chiropractic treatment over a four-year period without documented relief of symptoms or improved function. The ESIs appear from the records presented to be the only form of therapy that has given the patient any relief of his symptoms. The patient had comorbid medical problems that include hypertension, diabetes, smoking and psychological overlay that may have affected his response to conservative care.

The patient was placed at MMI on 4/8/96. After an MMI date is reached all further treatment must be reasonable and effective in relieving symptoms or improving function and, in this case chiropractic treatment had failed to be of benefit to the patient. As of the MMI date, the patient had plateaued in a diminished condition, and ongoing and chronic care would not produce any measurable or objective improvement. The chiropractic treatment provided was extensive and ineffective, and may have led to physician dependence. The documentation failed to show how the disputed services were necessary.

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

Sincerely,
