

MDR Tracking Number: M5-03-2202-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General 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 05-05-03.

The IRO reviewed office visits, therapeutic activities, neuromuscular re-education, physician team conference, and FCE rendered from 05-07-02 through 11-01-02 that were denied based upon "U".

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity for office visits, therapeutic activities, neuromuscular re-education, physician team conference, and FCE. Consequently, the requestor is not owed a refund of the paid IRO fee.

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 07-21-03, 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. Relevant information was not submitted by the requestor in accordance with Rule 133.307 (g)(3) to confirm delivery of service for the fee component in this dispute for dates of service 07-05-02, 07-08-02, 07-17-02, 10-10-02 and 10-21-02. Therefore reimbursement is not recommended.

This Decision is hereby issued this 29th day of April 2004.

Georgina Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

May 3, 2004

Rosalinda Lopez
Texas Workers' Compensation Commission
Medical Dispute Resolution
Fax: (512) 804-4868

**REVISED REPORT
Corrected MDR#**

Re: MDR #: M5-03-2202-01
IRO Certificate No.: 5055

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of ___ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is certified in Chiropractic Medicine who is currently on the TWCC Approved Doctor List.

REVIEWER'S REPORT

Clinical History:

This male claimant injured his lumbar spine in a work-related accident on ____. Conservative therapies were begun on or about 10/26/01. MRI of the lumbar spine on 12/01/01 revealed L4-5 left posterior central annular tear and mild disc desiccation, and L5-S1 1-2 mm symmetrical disc bulge. Neurodiagnostic testing on 12/13/01 is suggestive of S-1 radiculopathy bilaterally. Neurodiagnostic referral on 06/28/02 indicated that the patient was a candidate for lumbar epidural steroid injections (ESI) and facet injections. FCE's performed on 06/13/02 and 09/06/02, indicated deficits in muscle strength, biomechanics, and range of motion.

Disputed Services:

Office visits, therapeutic activities, neuromuscular re-education, physician team conference, functional capacity evaluation, and data analysis rendered during the period of 05/07/02 through 07/09/02, 07/09/02 through 07/17/02, 07/22/02 through 10/09/02, and 10/21/02 through 11/01/02.

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that the services in question were not medically necessary in this case.

Rationale:

Documentation provided for review does not warrant the extent of therapeutics rendered by the provider during the period of time in question. The provider continues to implement passive treatment applications some seven months following the initial evaluation on 10/26/01. Typical progress of the patient warrants an initial trial of chiropractic therapeutics followed by a course of physical therapy applications. The provider's rationalization for continued passive therapeutic applications is not clear from the medical records.

The patient does have a radiculopathy that has failed to be clinically correlated. Lumbar MRI findings are positive for pathology, but the pathology has not been established as a current pain generator. Thus, it is not clear how excessive passive and conservative measures that have shown no true measurable benefit to the patient will afford this patient any greater benefit. It is vital to the management of this patient's condition that active, patient-driven therapeutics continue to be applied.

The aforementioned information has been taken from the following guidelines of clinical practice and peer-reviewed clinical references:

- *Geffen, S.J., Rehabilitation Principles for Treating Chronic Musculoskeletal Injuries.* Med. J. Aust.; 2003 Mar 3; 178(5): 238-242.
- *Overview of Implementation of Outcomes Assessment Case Management in the Clinical Practice.* Washington State Chiropractic Association; 2001, 54p.
- *Unremitting Low Back Pain, North American Spine Society Phase III Clinical Guidelines for Multi-Disciplinary Spine Care Specialists.* North American Spine Society; 2000, 96p.

Sincerely,