

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 (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on May 6, 2003.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the majority of the medical necessity issues: **prevailing** charges total \$1,323.00, **non-prevailing** charges total \$1,592.00). Therefore, the requestor is not entitled to reimbursement of the IRO fee.

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. All identified services, for dates of service 9/30/02 through 10/25/02 **were not found to be medically necessary**. All identified services, for dates of service 6/26/02 through 7/16/02 **were found to be medically necessary**. The respondent raised no other reasons for denying reimbursement of the therapeutic exercises, joint mobilization, manual traction, electrical stimulation, hot/cold packs, massage therapy, office visit charges and neuromuscular re-education charges.

This Findings and Decision is hereby issued this 16th day of September 2003.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division
MQO/mqo

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 6/26/02 through 7/16/02.

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 16th day of September 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division
RL/mqo

NOTICE OF INDEPENDENT REVIEW DECISION

Date: August 26, 2003

RE: MDR Tracking #: M5-03-2216-01
IRO Certificate #: 5242

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced 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 proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a Chiropractic physician reviewer. The Chiropractic physician reviewer has signed a certification statement stating 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 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 this case.

Clinical History

According to the supplied documentation, it appears that the claimant was involved in a motor vehicle accident while working on ___ and sustained injuries to his neck and low back. A MRI revealed degenerative changes to his cervical spine. A MRI of the lumbar spine revealed a L5/S1 disc bulge with disc dehydration. The claimant was treated at ___ with passive care. He later began performing active care with joint mobilization. The care continued until 10/25/2002. The documentation ends here.

Requested Service(s)

Please review and address the medical necessity of the outpatient services including therapeutic exercises, joint mobilization, manual traction, ultrasound, EMS, hot/cold packs, massage therapy, office visits and neuromuscular re-education rendered between 06/26/2002-10/25/2002.

Decision

I disagree with the insurance company and agree with the treating doctor that the services rendered between 06/26/2002 – 07/16/2002 were medically necessary. I agree with the insurance company that the services rendered between 09/30/2002- 10/25/2002 were not medically necessary.

Rationale/Basis for Decision

The documentation supplied supports the care that was rendered from the date of injury until ___. The claimant underwent a typical protocol for a sprain/strain with underlying degenerative/pre-existing complaints. The claimant received passive care followed by active care that would facilitate the claimant's return to work. After the extended gap in care, there was not sufficient objective data to support the care beyond that 6-week period in which the claimant appeared to not have any complaints. All care that was rendered after the 9/30/2002 visit does not appear to be related to the claimant's original sprain/strain diagnosis.