

**MDR Tracking Number: M5-03-2251**

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 hot/cold packs, therapeutic procedures, electrical stimulation, joint mobilization, myofascial release, mechanical traction 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 hot/cold packs, therapeutic procedures, electrical stimulation, joint mobilization, myofascial release, mechanical traction 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 8/9/02 through 10/21/02 are denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 25<sup>th</sup> day of July 2003.

Margaret Q. Ojeda  
Medical Dispute Resolution Officer  
Medical Review Division

MQO/mqo

**Envoy Medical Systems, LLC**  
**1726 Cricket Hollow**  
**Austin, Texas 78758**

Ph. 512/248-9020  
IRO Certificate #4599

Fax 512/491-5145

**NOTICE OF INDEPENDENT REVIEW DECISION**

July 23, 2003

**Re: IRO Case # M5-03-2251**

Texas Worker's Compensation Commission:

Envoy Medical Systems, LLC (Envoy) 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, Rule133.308 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 Envoy for an independent review. Envoy has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, Envoy 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 Envoy 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 Envoy reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient injured her lower back in a moving vehicle accident on \_\_\_\_\_. She was treated with physical therapy until January 2002. She was then treated with TRI's and prescribed Celebrex. She then saw another doctor for chiropractic treatment in July 2002.

Requested Service(s)

Hot/cold packs, therapeutic procedures, electrical stimulation, joint mobilization, myofascial release, mechanical traction 8/9/02-10/21/02

Decision

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

Rationale

The patient initially underwent several weeks of physical therapy, and then three TPI's, along with medication with documented, "good relief." The treating chiropractor reported on 7/1/02 in his initial report that the patient's pain was rated at 2 out of 10 with no positive orthopedic tests. It is not documented why there was no treatment from January 2002 until July 2002.

With a pain scale of 2 out of 10 and no positive orthopedic tests, a home-based exercise program would have been appropriate. No reason is given for a gap in treatment from

8/26/02-10/11/02; it is only noted that the patient injured her lower back while vacuuming her house a couple of days prior to the 10/11/02 visit. The documentation provided failed to show objective, quantifiable findings to support treatment for the dates in dispute.

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

Sincerely,