

MDR Tracking Number: M5-03-2261-01

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

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(q)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

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. The office visits w/ manipulations, muscle stimulation, therapeutic exercises, mechanical traction, joint mobilization, myofascial release and lumbosacral orthosis were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these office visits w/ manipulations, muscle stimulation, therapeutic exercises, mechanical traction, joint mobilization, myofascial release and lumbosacral orthosis charges.

This Finding and Decision is hereby issued this 11th day of July 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

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 5/16/02 through 6/20/02 in this dispute.

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 11th day of July 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/crl

June 30, 2003

David Martinez
TWCC Medical Dispute Resolution
4000 IH 35 South, MS 48
Austin, TX 78704

MDR Tracking #: M5-03-2261-01
IRO #: 5251

___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this 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 care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Doctor of Chiropractic. The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors 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 the dispute.

CLINICAL HISTORY

___, a 55-year-old female, injured her lower back and right hip while at work. Mechanism of injury is described as a slip and fall injury on a wet bathroom floor, landing on right hip and buttocks, resulting in low back, sacrum right hip and right leg pain. She sought care from her primary care physician, and given a prescription for pain. She then presented to ___, a chiropractor, the next day, complaining of a 9/10 pain level and scoring 78% on Oswestry Disability Index. Physical examination of the lumbar spine left to a diagnosis of low back pain, right hip pain, right leg pain and sacrum pain. She

received conservative care including physiotherapeutic modalities, progressing to an aquatics based exercise program with additional therapeutic activities.

Diagnostically, she had plain films taken of the lumbar spine on 4/18/02, which revealed early generalized spondylosis with postural changes suggestive of muscle spasm. X-rays of the right hip on 4/24/02 were negative aside from some early degenerative changes. A MRI the lumbar spine performed on 5/14/02 and revealed minimal disc bulge at L2/3 without narrowing of the central canal or foramina along with hypertrophy of the L5/S1 and L4/L5 facets. She continued with her lower back pain and some tingling into the right lower extremity and on 5/29/02 she was referred to ____. a physiatrist, who performed a nerve conduction velocity and somatosensory evoked potential study which were normal. She was also seen by ____ who prescribed Bextra and Ultram on 6/6/02. She was then referred to ____ an orthopedist, on 6/12/02, who diagnosed her with the right sacroiliac joint strain, myofascial contusion and mild muscular strain around the left hip area. He recommended continued physical therapy with ____, three times a week for 4 weeks.

Reexamination by ____ performed on 6/12/02 provided a same 9/10 pain rating, a 55% improvement and lumbar range of motion values and improvement to 55% on the Oswestry disability index score.

Some of the provided services have been denied for lack of medical necessity, and these have been referred for medical dispute resolution purposes through the IRO process.

DISPUTED SERVICES

In question is the medical necessity of medical necessity of procedures billed between 5/16/02 and 6/20/02 for office visits with manipulations, muscle stimulation, therapeutic exercises, mechanical traction, joint mobilization, myofascial release, as well as a prescription for a lumbosacral orthosis:

DECISION

The reviewer disagrees with the prior adverse determination.

BASIS FOR THE DECISION

The patient had been entered into a therapeutic program, with improvement noted between the two exams of 4/18/02 and 6/12/02. Although determination of the medical necessity of singular individual dates of service without the context of the overall treatment process is impractical, I can find no reason as to why these dates of service have been singled out as medically not necessary as they appeared to be part of an overall treatment plan.

It is the reviewer's opinion that the above procedures performed between 5/16/02 and 6/20/02 are medically necessary.

___ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. ___ has made no determinations regarding benefits available under the injured employee's policy

As an officer of ___, I certify that there is no known conflict between the reviewer, ___ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

___ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,