

MDR Tracking Number: M5-03-2274-01

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, the total amount recommended for reimbursement does not represent a majority of the medical fees of the disputed healthcare and therefore, the **requestor did not prevail** in the IRO decision. Consequently, the requestor is not owed a refund of the paid IRO fee.

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 all treatments, including office visits and therapies, on dates of service 6/19/02, 6/20/02 and 7/30/02 were found to be medically necessary. The treatment/services rendered on 6/26/02, 6/27/02, 7/11/02 and 8/1/02 were not found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these treatments, including office visits and therapy charges.

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 6/19/02 through 8/1/02 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 31st day of July 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/cl

July 25, 2003

Re: Medical Dispute Resolution
MDR #: M5-03-2274-01
IRO Certificate No.: IRO 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.

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.

Clinical History:

This is a 37-year-old male claimant who felt a pop with immediate pain in his right neck and should area following a work-related accident on ____. An MRI showed a herniated nucleus pulposus at C6-C7, with compression of the C-7 nerve root and central disc protrusions at C3-C4, C4-C5, and C5-C6, with canal stenosis. A cervical fusion with discectomy was done on 03/04/02 at levels C5-C6 and C6-C7. Following his surgery, the patient underwent physical therapy for approximately two months, following which he had a second surgery done on 08/08/02.

Disputed Services:

Office visits, spray & stretch, therapeutic exercises, massage, and electrical stimulation during the period of 06/19/02 through 08/01/02.

Decision:

The reviewer partially agrees with the determination of the insurance carrier and is of the opinion that treatments and evaluations done on 06/19/02, 06/20/02, and 07/30/02 were medically necessary. Treatments and evaluations done on 06/26/02, 06/27/02, 07/11/02, and 08/01/02 were not medically necessary in this case.

Rationale:

According to treatment notes provided, post-operative rehab began on 04/18/02, and continued until 08/01/02. On 05/24/02, and again on 06/26/02, re-evaluations were performed and subjective and objective findings seemed to be unchanged. Further care of the same type would not be medically necessary at this point.

According to Rule 134.1001 (J)4(b), *Definition of Lack of Clinical Progression*, "When there is documented absence of change in the condition of the injured

worker over a period of time of no less than one month, it requires re-evaluation of the injured worker's condition and re-evaluation of current treatment program."

Therefore, any care past the re-evaluation on 06/25/02 would not be medically necessary, with the exception of the office visit on 07/30/02. This date of service is appropriate in order for the treating doctor to remain up to date on the patient's condition, especially prior to the patient's undergoing a second surgery.

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.

Sincerely,