

MDR Tracking Number: M5-03-2334-01

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, 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 office visits with and without manipulations 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 office visits with and without manipulations 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 7/30/02 through 2/11/03 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 8th day of August 2003.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division

August 7, 2003

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-03-2334-01

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). ___ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ___ for independent review in accordance with this Rule.

___ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing chiropractor on the ___ external review panel. The ___ chiropractor reviewer signed a statement certifying that no known conflicts of interest exist between this chiropractor and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ___ for independent review. In addition, the ___ chiropractor reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 61 year-old male who sustained a work related injury on _____. The patient reported that while at work he fell from a 10ft. high dumpster on to the cement causing injuries to his left hip, low back, bilateral knees and left elbow. The patient was initially evaluated in the emergency room where he underwent X-Rays and was treated with medications. The patient underwent an MRI on 3/4/02 that showed a 3mm broad based disc herniation at L5-S1 and joint effusion in the hip. Diagnoses for this patient include lumbar segmental dysfunction, contusion of elbow, contusion of hip and knee, lumbar disc displacement, lumbago and lumbar myofascial injury. The patient has been treated with chiropractic care.

Requested Services

Office visits with manipulations and office visits from 7/30/02 through 2/11/03.

Decision

The Carrier's determination that these services were not medically necessary for the treatment of this patient's condition is upheld.

Rationale/Basis for Decision

The ____ chiropractor reviewer noted that this case concerns a 61 year-old male who sustained a work related injury to his back, elbow, hip and knee on _____. The ____ chiropractor reviewer also noted that the diagnoses for this patient included lumbar segmental dysfunction, contusion of elbow, contusion of hip and knee, lumbar disc displacement, lumbago and lumbar myofascial injury. The ____ chiropractor reviewer further noted that treatment for this patient's condition has included chiropractic care with manipulations. The ____ chiropractor reviewer explained that the patient was treated extensively with conservative care with minimal improvement. The ____ chiropractor reviewer also explained that the patient complained of the same level of pain from 7/30/02 through 2/11/03. The ____ chiropractor reviewer further explained that there is no supporting documentation for ongoing care. Therefore, the ____ chiropractor consultant concluded that the office visits with manipulations and office visits from 7/30/02 through 2/11/03 were not medically necessary to treat this patient's condition.

Sincerely,