

MDR Tracking Number: M5-03-2341-01

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

The requestor submitted a medical dispute resolution request on 5/14/03 and was received in the Medical Dispute Resolution on 5/19/03. The disputed dates of service from 4/25/02 through 5/17/02 are not within the one year jurisdiction in accordance with Rule 133.308(e)(1) and will be excluded from this Finding and Decision.

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 determination that the office visits with manipulation, therapeutic procedures, neuromuscular re-education, joint mobilization, aquatic therapy and 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 the office visits with manipulation, therapeutic procedures, neuromuscular re-education, joint mobilization, aquatic therapy and mechanical traction fees 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 from 5/22/02 to 11/25/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 31st day of July 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

July 28, 2003

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

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___ 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.

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

The patient in question was injured while lifting boxes at work. She suffered an onset of low back pain. Records from the treating doctor indicate that she was treated initially for 12 weeks, which was extended for 20 visits more and then 8 more chiropractic manipulations after that point in time. This would indicate that approximately 65 office visits were rendered to this case. MRI of the lumbar spine indicated a 2mm bulge that touches and slightly effaces the thecal sac with no impingement on the nerve root. Some facet degeneration was noted. Nerve Conduction Velocity studies revealed a possible radiculopathy at S1 on the left. EMG was recommended. Sonography was performed on the thoraco-lumbar spine and it indicated no irregularities. Range of motion and muscle testing readings were taken, but the readings are invalid. The patient was found at MMI by on July 22, 2002.

DISPUTED SERVICES

The carrier has denied the medical necessity of neuromuscular reeducation, office visits with manipulation, joint mobilization, aquatic therapy and mechanical traction from May 22, 2002 through November 25, 2002.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

The documentation presented indicates little progress on this patient's case. Most of the notes are not legible, as they are in a "travel card" style of documentation. The treatment rendered apparently was not effective, yet the care continued. I will note that the

requestor alluded to the J-Tech system's accuracy in a position letter. In reviewing the printouts from the J-Tech equipment, I noticed significant tester error. In lumbar flexion, sacral motion was -36, -36 and -33 degrees. This is a clear error that gave erroneous ranges of motion to the lumbar spine of 121, 123, and 121 degrees. Similar errors were present in lumbar extension as well. The data that was presented in this examination is fruitless for this case. I found nothing in this file that would defend such an extensive treatment protocol. The DSEP/NCV study should have been followed by a needle EMG, but no such documentation is found in this file. DSEP and NCV are known for a high margin of error and should not be considered an accurate diagnostic indicator on this case. As a result, I am unable to validate the medical necessity of the treatment rendered.

___ 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,