

**THIS DECISION HAS BEEN APPEALED. THE FOLLOWING
IS THE RELATED SOAH DECISION NUMBER:
SOAH DOCKET NO. 453-04-4593.M5**

MDR Tracking Number: M5-03-2367-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General 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. This dispute was received on 05-22-03.

The IRO reviewed office visits, additional manipulations, therapeutic activities, unusual travel, unlisted modalities, myofascial release, electrical stimulation, and massage rendered from 09-09-02 through 11-06-02 that were denied based upon "U".

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity for office visits, additional manipulations, therapeutic activities, unusual travel, unlisted modalities, myofascial release, electrical stimulation, and massage. Consequently, the requestor is not owed a refund of the paid IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On August 20, 2003, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice. Documentation was not submitted in accordance with Rule 133.307(g)(3) to confirm services were rendered for dates of service 07-01-02 through 12-09-02. Therefore reimbursement is not recommended.

This Decision is hereby issued this 19th day of February 2004.

Georgina Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

NOTICE OF INDEPENDENT REVIEW DECISION

**Amended Letter
Note: Decision**

August 13, 2003

Program Administrator
Medical Review Division
Texas Workers Compensation Commission
4000 South IH-35, MS 48
Austin, TX 78704-7491

MDR Tracking #: M5-03-2367-01
IRO Certificate #: IRO4326

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced 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 rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. ___'s health care professional has signed a certification statement stating 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 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 this case.

Clinical History

This patient was pulling a cart full of bottles when she stepped into a drainage hole on ___. This caused her to fall backwards, flexing her left knee and landing directly on her back. The patient saw a chiropractor for treatments and therapy for left leg and lower back pain. A lumbar MRI dated 07/11/02 showed a small disc protrusion at L5-S1 and the left leg MRI on the same day was negative.

Requested Service(s)

Office visits, additional manipulation, myofascial release, electrical stimulation, massage, unusual travel, unlisted modalities, and therapeutic activities from 09/09/02 through 11/06/02

Decision

It is determined that the office visits, additional manipulation, myofascial release, electrical stimulation, massage, unusual travel, unlisted modalities, and therapeutic activities from 09/09/02 through 11/06/02 were not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

No treatment plan was established after the initial four-to-six weeks of treatment. Qualitative and quantitative assessment was not performed at the end of this initial treatment period. The doctor's notes were repetitive without progressive qualitative remarks on the patient's objective and subjective findings.

There was no documentation submitted that shows medical doctors' recommendations have been followed up with intervention applications. Active therapy protocols should have been prescribed, described, and followed through with specific goals, followed by physical assessment to establish baseline data. Clear progressive quantitative functional data identifying deficits and gains should have been ongoing starting at the four week mark after initial care.

Therefore, it is determined that the office visits, additional manipulation, myofascial release, electrical stimulation, massage, unusual travel, unlisted modalities, and therapeutic activities from 09/09/02 through 11/06/02 were not medically necessary.

The following references were utilized in this decision:

- 1) *Guidelines for overview of implementation of outcome assessment case management in clinical practice.* Washington State Chiropractic Association, 2001.
- 2) *Clinical practice guidelines for chronic non-malignant pain syndrome patients II: an evidence-based approach.* J Back Musculoskeletal Rehabil. 1999; 13: 47-58
- 3) *Unremitting low back pain, North American Spine Society (phase III) clinical guidelines for multi-disciplinary spine care specialists.* North American Spine Society; 2000, 96 p.

Sincerely,