

MDR Tracking Number: M5-03-2382-01

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 \$450.00** 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, therapeutic procedures, massage, electrical stimulation, joint mobilization and ultrasound were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these office visits, therapeutic procedures, massage, electrical stimulation, joint mobilization and ultrasound charges.

This Finding and Decision is hereby issued this 31st 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 from 8/19/02 to 9/9/02 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.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division
RL/crl

July 24, 2003

IRO Certificate# 5259

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An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by ____, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

____ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to ____.

CLINICAL HISTORY

____ was injured ____ in a lifting injury at work. He was initially diagnosed with a lumbar sprain/strain with possible disc lesion with disc displacement. MRI confirmed this diagnosis showing a 6 mm right central posterior bulge on 11/18/99. MRI on 7/2/02 showed 7mm bulge with compression of S1 nerve roots. On 5/31/02 there was a recurrence of the initial injury, which resulted in frequent radiating pain into the buttock, leg, knee, and calf.

REQUESTED SERVICE (S)

Therapeutic procedures, massage, electrical stimulation, office visits, joint mobilization, and ultrasound from 8/19/02 through 9/9/02

DECISION

Approve as medically necessary

RATIONALE/BASIS FOR DECISION

____ had a recurrence of a prior compensation injury. Texas labor law states that a service is medically necessary if it provides relief of the patient's symptoms. The patient was examined and proper diagnostic procedures were performed within all Workers' Compensation Guidelines. Based on the findings, a treatment plan was formulated which was within the normal standards of care. All of the modalities and procedures used during the time frame of 8/19/02 to 9/9/02 are reasonable, based on subjective complaints and objective and diagnostic findings. Accordingly, the patient responded well to treatment during this time frame, as the daily notes and exam findings reveal.