

THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION:

SOAH DOCKET NO. 453-04-0618.M5

MDR Tracking Number: M5-03-2389-01

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 (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 determination that office visits and the work hardening program 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 medical necessity was the only issue to be resolved. As the treatment was not found to be medically necessary, reimbursement for dates of service from 10-17-02 through 11-13-02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 15th day of August 2003.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

DZT/dzt

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

August 12, 2003

Re: IRO Case # M5-03-2389-01

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to

determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a Doctor of Chiropractic who is licensed by the State of Texas. He or she has signed a certification statement attesting 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 referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient injured her lower back on ___ when she fell down some stairs. She previously had had low back surgery on 4/28/01. The patients treatment included chiropractic treatment, ESIs and a work hardening program.

Requested Service(s)

Office visits, work hardening program 10/17/02-11/13/02

Decision

I agree with the carrier's decision to deny the requested treatment.

Rationale

The patient's response to the work hardening program was negligible at best. Demonstrable functional gains were absent. Comparing the patient's performance tests on 8/23/02 and 11/29/02, there was little, if any, improvement in performance tasks. Comparing static lifting (bench and knuckle height) there was no improvement. The patient's performance of a carrying task actually decreased. There was minimal improvement in cart height and shoulder height static pushing and pulling. During the performance task testing the patient reported an increase in discomfort and fatigue, demonstrated facial grimacing and body mechanics breakdown, lost her balance and finally stopped the activity. The disputed treatment failed to be beneficial to the patient and improvement in function was not documented. The documentation presented for this review lacked subjective complaints and clinical objective findings to support a reasonable expectation that the disputed treatment would help relieve symptoms. The patient's injury occurred some two years prior to the disputed treatment, and it appears from the records provided that the patient had plateaued in a diminished condition several months after her 4/28/01 surgical fusion.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

Sincerely,

