

MDR Tracking Number: M5-03-2400-01

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. The dispute was received on 5-28-03.

The Medical Review Division has reviewed the IRO decision and determined that the total amount recommended for reimbursement does not represent a majority of the medical fees of the disputed healthcare; therefore, the **requestor did not prevail** in the IRO decision. Consequently, the requestor is not owed a refund of the paid IRO fee.

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, and MRIs from 6-3-02 through 7-11-02 were found to be medically necessary. The echo studies, x-rays, unlisted neurological study, NCVs, H&F reflex study, and somatosensory study on 6-3-02, 6-21-02, 7-12-02, 7-19-02, 8-12-02, and 9-13-02 were not found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these services charges.

The above Findings and Decision are hereby issued this 25th day of August 2003.

Dee Z. Torres
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 6-3-02 through 7-11-02 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 25 day of August 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

August 13, 2003

Amended

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 on this case slipped and fell on ice outside her place of employment on ___. She initially received treatment from the ___ in ___ for spinal pain, including the cervical, thoracic and lumbosacral spine regions. X-rays taken at that clinic were negative and she was treated with PT at ___ for about 2 weeks, but was having trouble with her transportation and moved from ___ to another area shortly afterward. She began treating with the requesting clinic on June 3, 2002. Treatment included chiropractic, active and passive therapy. MRI revealed a herniation at L5/S1 in the lumbar spine. Thoracic MRI was positive for a bulge at T11-T12.

DISPUTED SERVICES

The carrier has disputed the medical necessity of echo studies of the head and neck, echo pelvic B-scan with imaging, echo spinal canal and contents, complete cervical, thoracic and lumbosacral spine x-rays, office visits, modalities, joint mobilization, myofascial release, MRI of the spinal canal and contents, unlisted neurological studies, nerve conduction studies, H/F reflex studies, therapeutic procedures, whirlpool, neuromuscular stimulator and medical conferences from June 3, 2002 through September 13, 2002.

DECISION

The reviewer disagrees with the prior adverse determination with regard to office visits, MRI and therapeutic procedures for the duration of the dispute.

The reviewer agrees with the prior adverse determination on all other disputed services.

BASIS FOR THE DECISION

It was reasonable to consider the need for some treatment on this case. The patient was not treated appropriately by the initial clinic, largely due to the patient's inability to seek care. Regardless, treatment was clearly necessary in some form. However, after 16 months passive treatment would have had no reasonable effect, lacking exacerbation. No such condition seems to be documented in this file. X-rays had been performed initially on this case and no change would have been expected and echo studies were not indicated on a case such as this, especially in light of the fact that MRI was performed and was demonstrative of a herniation. No further information could be reasonably expected on this case using echo studies. The neurological tests which were performed were not of informational value. EMG is the standard by which radiculopathy is measured. Joint mobilization is a form of manipulation and the reviewer finds that this was performed as part of the office visits. There is no indication for neuromuscular stimulator therapy on this patient, as this is a passive form of treatment. Office visits and therapeutic procedures are appropriate care on this case and this is the only part of the dispute that the reviewer finds reasonable.

___ 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,