

MDR Tracking Number: M5-03-2565-01

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 6-11-03.

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 and 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 exercises and neuromuscular re-education on 6-17-02 through 7-11-02 were found to be medically necessary. The office visits, therapeutic exercises, neuromuscular re-education, hot/cold packs, electrical stimulation (manual), ultrasound, myofascial release, and mechanical traction on 7-12-02 through 9-30-02 were not found to be medically necessary. CPT code 97140 is not a valid code per the 1996 Medical Fee Guideline; therefore, it will not be addressed. The respondent raised no other issues for denying reimbursement for the above listed services.

The above Findings and Decision are hereby issued this 4th day of September 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 6-17-02 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 4th day of September 2003.

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division

August 29, 2003

## NOTICE OF INDEPENDENT REVIEW DECISION

**RE: MDR Tracking #: M5-03-2565-01**

\_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). \_\_\_ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to \_\_\_ for independent review in accordance with this Rule.

\_\_\_ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing chiropractor on the \_\_\_ external review panel. The \_\_\_ chiropractor reviewer signed a statement certifying that no known conflicts of interest exist between this chiropractor and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to \_\_\_ for independent review. In addition, the \_\_\_ chiropractor reviewer certified that the review was performed without bias for or against any party in this case.

### Clinical History

This case concerns a 23 year-old female who sustained a work related injury on \_\_\_. The patient reported that while at work she slipped and fell causing injury to her lower back, upper back and neck, both shoulders and both hips. The patient reported that she had undergone X-Rays. The patient has also undergone an MRI of the cervical and lumbar spine that indicated the patient had an L4-L5 disc herniation. The patient underwent a neuro-diagnostic study that indicated the patient had mild C6 nerve root irritation on the right and a discography showed the patient sustained a torn annulus and severe concordant pain at the L4-L5 levels. Treatment for this patient's condition has included injections, oral pain medications and Soma, physical therapy that has included ultrasound, interferential currents, MFR, cryo and heat. The patient has also undergone back surgery followed by a course of passive and active therapy.

### Requested Services

Office visits and physical therapy from 6/17/02 through 9/30/02.

### Decision

The Carrier's determination that these services were not medically necessary for the treatment of this patient's condition is partially overturned.

### Rationale/Basis for Decision

The \_\_\_ chiropractor reviewer noted that this case concerns a 23 year-old female who

sustained a work related injury to her lower and upper back, both shoulders and both hips on \_\_\_\_\_. The \_\_\_\_\_ chiropractor reviewer also noted that the patient underwent an MRI that showed the patient had an L4-L5 disc herniation, a neurodiagnostic study indicated that patient had mild C6 nerve root irritation on the right, and a discography showed the patient sustained a torn annulus and severe concordant pain at the L4-L5 levels. The \_\_\_\_\_ chiropractor reviewer further noted that treatment for this patient's condition has included injections, oral pain medications and Soma, physical therapy that has included ultrasound, interferential currents, MFR, cryo and heat, and back surgery followed by a course of passive and active therapy. The \_\_\_\_\_ chiropractor reviewer indicated that the patient was re-evaluated by the neurosurgeon on 7/11/03 who recommended the patient rest for up to 3 months. The \_\_\_\_\_ chiropractor reviewer noted that the patient underwent 5 weeks of passive care, 1 week of combined active a passive care, then 4 months of active care. The \_\_\_\_\_ chiropractor reviewer explained that the active care was not showing substantial improvement after 6 weeks. The \_\_\_\_\_ chiropractor reviewer indicated that the patient had the same pain or more pain over the 2 months following 7/11/02. The \_\_\_\_\_ chiropractor reviewer explained that the treatment after 7/11/02 did not bring a healing response, promote the patient to return to work or reduce this patient's pain. Therefore, the \_\_\_\_\_ chiropractor consultant concluded that the office visits and physical therapy from 6/17/02 through 7/11/02 were medically necessary to treat this patient's condition. However, the \_\_\_\_\_ chiropractor consultant concluded that the office visits and physical therapy from 7/12/02 through 9/30/02 were not medically necessary to treat this patient's condition.

Sincerely,