

MDR Tracking Number: M5-03-2575-01

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 (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 5-19-03.

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 on 8-16-02, 9-12-02, 9-16-02, and 11-19-02 and the joint mobilization on 8-16-02 and 9-12-02 were found to be medically necessary. The lumbar MRI, electrical stimulation, massage, therapeutic exercises, ultrasound, and any other office visit or joint mobilization other than the dates listed above were not found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these services charges.

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 7-2-02 through 11-19-02 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 25th day of August 2003.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

DZT/dzt

August 19, 2003

AMENDED DECISION
Removed 5/15 date in Decision Section

Re: Medical Dispute Resolution
MDR #: M5-03-2575-01
IRO: 5055

___ has performed an independent review of the medical records of the above-named case to ___ determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is Certified in Chiropractic Medicine.

Clinical History:

This male claimant suffered a work-related injury on ____. The records indicate he was on light duty for one month, and then returned to full duty. On 10/15/99, he began chiropractic treatment. His diagnosis was lumbar sprain/strain, lumbar disc lesion without myelopathy, and lumbosacral neuritis or radiculitis.

An MRI indicated a 6.0 mm posterior central disc herniation at L5-S1. The disc herniation was effacing the thecal sac and the anterior and medial surfaces of the right S-1 nerve root.

The records provided for review seem to indicate that the patient received supportive care on a few occasions during 2002. He did seek treatment again on 05/31/02, for an aggravation of his injury. He was referred for an MRI and NCV. The MRI indicated no substantial changes in the L5-S1 disc herniation. The patient received periodic re-exams and short bursts of treatment with exercise, rehab, and passive modalities.

Disputed Services:

Lumbar MRI, electrical stimulation, massage, therapeutic exercise, office visits, joint mobilization, and ultrasound from 07/02/02 through 11/19/02.

Decision:

The reviewer partially agrees with the determination of the insurance carrier as follows:

- Medically Necessary:
 - Office visits on 8/16, 9/12, 9/16, and 11/19/02.
 - Joint mobilization on 8/16 and 9/12/02.
- Not Medically Necessary:
 - Lumbar MRI
 - Electrical stimulation
 - Massage
 - Therapeutic exercise
 - Ultrasound
- Any office visits or joint mobilization other than the dates listed above.

Rationale:

When the patient suffered an exacerbation on ___ of his previous injury, a short two-week trial of care would have been appropriate, according to the Mercy Guidelines. There is no evidence that any care was rendered, and there was none mentioned in the plan provided from that date.

An immediate MRI would not have affected a two-week trial of care. That trial of care could have included modalities and chiropractic. Stated in the records is that the patient is in the “initial phase of care” as of 08/15/02. This definition may be more applicable to the 05/31/02 visit only.

Given the severity of the patient's injuries, and the MRI results, it is not unreasonable to assume that some supportive care may be required. The criteria for supportive care includes a patient at MMI, objective evidence of a permanent injury, documented trials of treatment withdrawal, and the treatments rendered on a p.r.n. basis. It is important also that the patient be trained to independently self-manage. The exhaustive records in this case would indicate that the office visits on the dates allowed fit these criteria.

However, the passive modalities, massage, and exercise rehab are denied since current literature and Texas Guidelines support home exercise and self-application of heat and cold at this point in the case. The MRI is disallowed since it was noted that no further trauma or injury had occurred. Another diagnostic test at this point would probably yield no additional information. The conservative approach to the patient on 05/31/02 was a short course of treatment as noted earlier.

According to Texas Labor Code 408:021(a), an employee is entitled to the care reasonably required in association with their injury and the treatment thereof. If the patient's condition is not stable, the care to maintain and promote healing is medically necessary.

I am the Secretary and General Counsel of ___ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Sincerely,