

MDR Tracking Number: M5-03-2585-01

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 6-9-03.

The Medical Review 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 the office visits w/manipulations, required report, therapeutic exercises, therapeutic activities, joint mobilization, and DME (unclassified) 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 Medical Review Division has determined that fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for dates of service from 6-12-02 through 12-27-02 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 11th day of September 2003.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

DZT/dzt

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

September 8, 2003

Re: IRO Case # M5-03-2585

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, and who had been admitted to the TWCC Approved Doctor List. 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 pulled a dolly out of a truck. She received a few days of physical therapy before seeing the treating chiropractor. She has been treated with medication, ESIs, sacroiliac blocks, physical therapy, IDET, chiropractic, MRI, CT, discogram.

Requested Service(s)

Office visits, physical therapy, reports, DME 6/12/02-12/27/02

Decision

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

Rationale

The patient received extensive chiropractic treatment without documented relief of symptoms or improved function. An IDET on 8/20/02, and SI blocks on 1/31/02, 2/21/02 and 3/7/02 and A right periformis injection on 10/29/02 also failed to be beneficial. It is documented that the patient became very depressed during the treatment.

On 11/29/02 the treating chiropractor reported that, the patient "continues to struggle with significant lower back pain that has not changed much over the last

couple of months, and that he was going to “increase activity as much as tolerable” with strengthening exercises, “but this may be difficult to see much progression due

to the amount of pain that she is experiencing with increased activity.” This indicates that the treating doctor was not clear about what to do, but was just going to try something to see if it would work.

No documentation was provided for this review for the period prior to and including the dates in dispute that indicates that the treatment provided by the chiropractor was beneficial to the patient. On 5/30/02 the chiropractor reported that the patient would be referred for a second surgical opinion. The records indicated at that time that the chiropractor’s treatment had failed, yet treatment continued for seven more months without results.

The patient’s chronic and ongoing care did not produce measurable or objective improvement, was not directed at progression for return to work, was not provided in the least intensive setting, was over utilized and possibly iatrogenic. It was not reasonable or effective.

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

Sincerely,