

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 June 17, 2003. The requestor withdrew fee issues for dates of service 08/22/03, 09/05/03, 09/09/03, 09/10/03, 09/16/03, 09/18/03, 09/19/03, and 11/15/03.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity for office visits, physical performance test, therapeutic activities, hot or cold packs, neuromuscular re-education, physician team conference, electric stimulation, myofascial release ultrasound and work hardening. Therefore, upon receipt of this Order and in accordance with § 133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$650.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this Order.

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, were found to be medically necessary. The respondent raised no other reasons for denying reimbursement of office visits, physical performance test, therapeutic activities, hot or cold packs, neuromuscular re-education, physician team conference, electric stimulation, myofascial release ultrasound and work hardening

This Findings and Decision is hereby issued this 15<sup>th</sup> day of December 2003.

Georgina Rodriguez  
Medical Dispute Resolution Officer  
Medical Review Division  
GR/gr

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 09-04-02 through 12-13-02 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 15<sup>th</sup> day of December 2003.

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division  
RL/gr

**IRO Certificate #4599**

**NOTICE OF INDEPENDENT REVIEW DECISION**

December 4, 2003

**Re: IRO Case # M5-03-2603**

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 physician who is Board Certified in Family Practice and specialized in Occupational Medicine, and who has either met the requirements for TWCC Approved Doctor List or has been approved as an exception to the 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 his back in \_\_\_ while lifting 30-35 pound chairs onto a truck. He complained of low back pain with occasional radiation into the legs, aggravated by walking and sitting. He described the capacity of sitting and standing for 15 minutes, and walking for 30 minutes. He had a history of low back injury three months before the \_\_\_ injury. Physical findings revealed limited and painful range of motion in the LS area. SLR was limited bilaterally. Tenderness was present and palpable in the lumbar and lumbosacral paraspinal tissues. Physical therapy was initiated and continued. When the patient returned to light duty he was unable to tolerate the work and was placed on full time physical therapy, which expanded to work conditioning six hours per day. At the end of the work conditioning he was capable of a Light Medium Job Level and was capable of returning to work full time in January 2003.

Requested Service(s)

Office visits, physical performance test, therapeutic activities, hot or cold packs, neuromuscular education, physician team conference, electric stimulation, myofascial release, ultrasound, work hardening 9/4/02-12/13/02

Decision

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

Rationale

The therapeutic measures taken were medically necessary to relieve the patient's muscle spasm and pain, and to increase the range of motion in the involved areas.

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