

MDR Tracking Number: M5-03-2652-01

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 June 19, 2003.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. 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 \$460.00** 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. The office visits, myofascial release, electrical stimulation, ultrasound therapy, physical medicine treatment were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for office visits, myofascial release, electrical stimulation, ultrasound therapy, and physical medicine treatment charges.

This Findings and Decision is hereby issued this 5th day of September 2003.

Margaret Q. Ojeda
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 10/3/02 through 12/9/02 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 5th day of September 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/mqo

August 28, 2003

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-03-2652-01

___ 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 28 year-old male who sustained a work related injury on ___. The patient underwent a L4-5 left sided hemilaminectomy on July 11, 2001 and returned to work in April of 2002. In September of 2002 the patient began to complain of increased pain and was referred for an MRI of the lumbar spine on September 12, 2002 that showed a 10mm left sided disc herniation at L4-5 and a 5mm left sided disc herniation at L3-4. The patient was then treated with passive therapy that included interferential currents, ultrasound, MFR and cold packs and 12 sessions of active therapy. The patient also underwent an EMG on October 16, 2002 that showed significant nerve root compression of the left L5 nerve root.

Requested Services

Office visits, myofascial release, electrical stimulation, ultrasound therapy, physical medicine treatment from 10/3/02 through 12/9/02.

Decision

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

Rationale/Basis for Decision

The ___ chiropractor reviewer noted that this case concerns a 28 year-old male who sustained a work related injury to his back on ___. The ___ chiropractor reviewer also noted that the patient underwent a L4-L5 left sided hemilaminectomy on July 11, 2001. The ___ chiropractor reviewer further noted that the patient went back to work in April of 2002, but in September of 2002 the patient began to complain of increased back pain. The ___ chiropractor reviewer indicated that the patient was treated from 10/3/02 through 12/9/02 for this increased pain with good results. Therefore, the ___ chiropractor consultant concluded that the office visits, myofascial release, electrical stimulation, ultrasound therapy, physical medicine treatment from 10/3/02 through 12/9/02 were medically necessary to treat this patient's condition.

Sincerely,