

**THIS DECISION HAS BEEN APPEALED. THE FOLLOWING
IS THE RELATED SOAH DECISION NO.:**

SOAH DOCKET NO. 453-04-0661.M5

MDR Tracking Number: M5-03-2836-01

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 July 7, 2003.

The 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 work hardening, FCE, office visits, office visits with manipulations, and physician conference 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 Division has determined that fees were the only fees involved in the medical dispute to be resolved. As work hardening, FCE, office visits, office visits with manipulations, and physician conference was not found to be medically necessary, reimbursement for dates of service from 3/25/03 through 5/19/03 is denied and the Division declines to issue an Order in this dispute.

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

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division

MQO/mqo

September 3, 2003

Re: MDR # M5-03-2836-01
IRO Certificate No. 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 slipped and fell at work on ___. Immediately thereafter, he felt a shooting pain in his back. He began seeking conservative care that included chiropractic manipulations, active and passive therapies, an MRI, several FCE's, and epidural steroid injections.

Disputed Services:

Work hardening program, FCE, office visits, office visits with manipulation, and physician conferences from 03/25/03 through 05/19/03.

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that the services in question were not medically necessary in this case.

Rationale:

Based on the documentation provided for review, the services provided were not reasonable and medically necessary. No work hardening notes, psychological evaluation, or the FCE on 03/31/03 were provided. The office notes for 04/01/03, 04/07/03, and 04/28/03 did not substantiate the necessity of the ongoing work hardening program, nor was there any evidence that the treatments being provided were positively affecting the patient's health.

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,