MDR Tracking Number: M5-03-2860-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 titled Medical Dispute Resolution of a Medical Fee Dispute, 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. This dispute was received on 7-9-03.

The IRO reviewed office visits, myofascial release, therapeutic activities, electrical stimulation, therapeutic exercises, FCE, and work conditioning rendered from 7-15-02 through 7-29-02, 7-31-02, 8-5-02 through 9-3-02 and 11-26-02.

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.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 9-3-03, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

The requestor did not respond to the request for additional documentation. Documentation was not submitted to support delivery of service; therefore, no reimbursement can be recommended for the following dates of service: 7-10-02, 7-30-02, 8-5-02 (97750-FC only), 9-10-02, and 9-26-02 through 10-10-02.

This above Findings and Decision are hereby issued this 30th day of January 2004.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

ORDER

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for 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 Decision is applicable for dates of service 7-15-02 through 11-26-02 in this dispute.

This Order is hereby issued this 30th day of January 2004.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/dzt

August 29, 2003

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-03-2860-01

___ 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 39 year-old female who sustained a work related injury on ___. The patient reported that while at work she was pulling on a pallet when she heard a pop in the neck or upper back area. The patient was initially treated with physical therapy beginning 5/21/01. The patient underwent an EMG on 7/16/01 and an MRI on 7/20/01 and 8/29/01. The MRI of 7/20/01 was consistent with a disc protrusion at C6-C7 with some impingement on the thecal sac and narrowing of the central canal due to some disc bulges at the C4-5 and C5-6 level. The patient also underwent cervical X-Rays. The patient has been treated with physical therapy, trigger point injections and has undergone a anterior vertebrectomy C5-C6 and fusion at the C4-5, C5-6 and C6-7 levels on 5/2/02. Post-surgically the patient was treated with passive and active therapy.

Requested Services
Office visits, myofascial release, therapeutic activities, electrical stimulation, therapeutic exercises, functional capacity evaluation and work conditioning from 7/15/02 through 7/29/02, 7/31/02, 8/5/02 through 9/3/02 and 11/26/02.

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 39 year-old female who sustained a work related injury to her neck and upper back on ___. The ___ chiropractor reviewer also noted that the patient has undergone an MRI on 7/20/01 that showed disc protrusion at C6-C7 with some impingement on the thecal sac and narrowing of the central canal due to some disc bulges at the C4-C5 and C5-C6 level. The ___ chiropractor reviewer further noted that the patient has been treated with physical therapy, trigger point injections and has undergone an anterior vertebrectomy at C5-C6 and fusion at the C4-C5, C5-C6 and C6-C7 levels on 5/2/02. The ___ chiropractor reviewer indicated that patient underwent post-surgical active and passive therapy. The ___ chiropractor reviewer explained that the patient underwent cervical spine surgery as a result of a work related injury. The ___ chiropractor reviewer also explained that the treatment this patient received from 7/15/02 through 7/29/02, 7/31/02, 8/5/02 through 9/3/02 and 11/26/02 was appropriate for this patient's condition. Therefore, the ___ chiropractor consultant concluded that the office visits, myofascial release, therapeutic activities, electrical stimulation, therapeutic exercises, functional capacity evaluation and work conditioning from 7/15/02 through 7/29/02, 7/31/02, 8/5/02 through 9/3/02 and 11/26/02 were medically necessary to treat this patient's condition.

Sincerely,