

MDR Tracking Number: M5-03-2897-01

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 11, 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 physical medicine services 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 the physical medicine services were not found to be medically necessary, reimbursement for date of services from 9/10/02 through 11/19/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 16th day of September 2003.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division
MQO/mqo

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

September 8, 2003

Re: IRO Case # M5-03-2897-01

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 was getting out of a chair and fell on her buttock and lower back. Her initial exam with the treating chiropractor was on 1/10/00. The records provided for this review indicate that she returned some 33 months later on 9/10/02 complaining of exacerbated low back pain.

Requested Service(s)

Physical medicine services 9/10/02 – 11/19/02

Decision

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

Rationale

The patient was injured on ___ and self-treated her injury for one month before presenting to the treating D.C. on ___. She evidently did not see the D.C. again until she reportedly exacerbated her injury some 33 months later. The documentation provided fails to show how the patient was doing during this 33-month period.

In a voluminous report on 9/10/02 it was recommended that the patient be treated three times per week for four weeks, yet the patient's next visit evidently was on 9/23/02, and then on 10/3 and 10/15. Why wasn't the patient following through with treatment recommendations? On 11/19/02 it was reported that, "the patient is not improving." It was further reported that the patient's transportation was unreliable, and that she would be

treated on an “as needed” basis. The patient had been off work almost three years, did not follow through with treatment recommendations and apparently did not seek further medical evaluation.

According to the documentation, objective, quantifiable improvement did not take place. The patient’s flexion and extension ranges of motion actually decreased from 10/15/02 – 11/19/02. Her pain level was unchanged, and she still had the same positive orthopedic tests on 11/19/02 as she did on 9/10/02.

Based on the patient’s 3/17/00 MRI alone, her prognosis for relief of symptoms or functional improvement with conservative care was poor at best. There are multiple levels of disk degeneration, disk protrusions, spinal stenosis and lateral recess stenosis bilaterally. This is definitely not a chiropractic case, and the patient’s D.C. should have realized this. It appears from the records provided that the patient’s injury involved a sprain/strain of the lumbar spine soft tissue superimposed on multiple levels of disk degeneration. Based on the records provided, it appears that the patient’s condition plateaued two to three months post injury in a diminished condition, and further conservative treatment would be unreasonable and ineffective in relieving symptoms or improving function. The reported plan of treatment would not benefit the patient, and the documentation fails to show how the disputed services were necessary.

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

Sincerely,