

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 14, 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 office visits, MRI, spray & stretch, whirlpool, massage, aquatic therapy & conduction paste gel 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 office visits, MRI, spray & stretch, whirlpool, massage, aquatic therapy & conduction paste gel were not found to be medically necessary, reimbursement for dates of service from 3/4/03 through 4/30/03 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

NOTICE OF INDEPENDENT REVIEW DECISION

September 8, 2003

Re: IRO Case # M5-03-2942-01, Amended

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, neck, shoulders and knees on ___ when she dropped some greasy cookie sheets and tried to catch them, causing her lower back to twist, and the sheets to hit her knees. She initially saw the treating chiropractor on 6/3/02. The patient had had two previous surgeries on this knee. The patient has had several medical evaluations, an MRI, x-rays, medication, physical therapy and chiropractic treatment.

Requested Service(s)

3/4/03-4/30/03 Office visits, MRI, spray & stretch, whirlpool, massage, aquatic & conductive paste gel.

Decision

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

Rationale

The patient received extensive treatment from the treating chiropractor prior to the disputed dates of service. She initially saw the treating D.C. on 6/3/02 when he recommended several weeks of treatment and then reevaluation. The next documented date of service in the records provided for this review was 3/4/03. The patient's pain scale was not noted on 6/3/02, but on 3/4/03 it was noted to be 6/10, some nine months after treatment was initiated. On 3/4/03 the patient's Kemp's and Yoeman's orthopedic tests were still positive, and there had been minimal improvement in lumbar spine ranges of motion. After nine months of treatment with poor results, the patient was referred for an MRI of the lumbar spine to rule out an HNP. On the patient's next documented visit on 3/25/03, lumbar spine ranges of motion still had not improved, the same orthopedic tests were still positive, the patient's pain scale was 5/10 with the same subjective complaints that she had on 3/4/03.

On the next documented visit on 4/23/03, the pain scale was still 5/10, the subjective complaints and the lumbar spine ranges of motion remained unchanged. The D.C.

recommended referral for a second opinion for spinal surgery, and referral for medication and possible injections to the lumbar spine. This indicates that the lack of response to treatment, and its failure to relieve symptoms and improve function.

On the next documented visit, 4/30/03, the patient's pain scale was 6/10 and her symptoms precluded any activity that precipitates the symptoms. She was still having moderate knee pain and numbness in her left leg. Kemp's test was still positive. The patient's treatment plan had been vague, but apparently had not changed throughout her treatment.

In a 5/7/03 medical evaluation, the patient was diagnosed with multi-level lumbar spondylosis, degenerative spondylosis at L4-5 and L5-S1, lumbar instability and lumbar radiculopathy. Such a condition has a poor prognosis with chiropractic treatment.

The documentation presented by the D.C. was repetitive, computer generated, and lacked objective, quantifiable findings to support treatment.

From the records provided, it appears that the patient had plateaued in a diminished condition months prior to the dates in dispute. The ongoing and chronic treatment failed to produce measurable or objective improvement, was inappropriate and did not benefit the patient.

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

Sincerely,
