

MDR Tracking Number: M5-03-2944-01

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 15, 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 dates of service from 3/31/03 through 5/12/03 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 19<sup>th</sup> 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 12, 2003

**Re: IRO Case # M5-03-2944-01, 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 has met the requirements for TWCC Approved Doctor List or has been approved as an exception to the 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 his lower back on \_\_\_ when he slipped and fell on a waxed floor and landed on his buttocks. He presented to the treating DC on 8/31/99 after self treating without results. He has had x-rays, MRI, electrodiagnostic evaluation, medication, manipulation, injections, and aquatic and therapeutic exercises.

Requested Service(s)

Physical Medicine Services 3/31/03-5/12/03

Decision

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

Rationale

The patient received extensive treatment for a diagnosed lumbar strain. This type of injury should resolve with appropriate conservative treatment within two months.

The radiological report dated 8/31/99 revealed spondylosis at T12-S1, facet arthrosis, osteoporosis, degenerative anterolisthesis at L4 and L5, and arterosclerotic plaquing of the abdominal aorta. These are all signs of the natural aging process and produce lumbar instability, resulting in increased torque and strain on the facet joints leading to occasional flare-ups of lower back pain, such as the patient apparently exhibited.

Examination notes of 4/9/03 indicate that the patient had normal ranges of motion, normal motor testing, normal reflexes, no palpable muscle or bone tenderness or spasms and no positive orthopedic tests or muscle atrophy, yet the patient complained of persistent

low back pain radiating into his legs. His complaints still existed some four-years post-injury, an indication that treatment had failed, was being over utilized, and was inappropriate and possibly iatrogenic

It appears from the records provided for review that the patient had plateaued in a diminished condition within a few months of the start of chiropractic treatment. The patient's ongoing and chronic care did not produce objective or subjective improvement, and treatment was not provided in the least intensive setting.

It appears from the records reviewed that a home-based exercise program that included swimming and use of OTC medications to help relieve periodic flare-ups as the result of degenerative disk disease would have been appropriate. The records provided for review failed to show that treatment was reasonable and effective in relieving symptoms or improving function, or that the disputed treatment was necessary.

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

Sincerely,

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