

MDR Tracking Number: M5-03-3113-01

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 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.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The office visits with manipulations, myofascial release, electrical stimulation, ultrasound, and mechanical traction were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for office visits with manipulations, myofascial release, electrical stimulation, ultrasound, and mechanical traction charges.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay 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 Order is applicable to dates of service 7/30/02 through 12/20/02 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 2nd day of October 2003.

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

September 22, 2003

Re: MDR #: M5-03-3113-01
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 female claimant injured her neck, low back and right hand on ___ in a work-related accident. In an evaluation on 05/24/02, she complained of right hand numbness, right cervico-thoracic pain, and bilateral low back pain. Positive orthopedic tests were noted. Aberrant motion, articular fixation, edema, pain and palpatory guarding were noted. Restricted left lateral cervical flexion, right lateral cervical flexion, thoracolumbar flexion, and left lateral thoraco-lumbar flexion were noted. The clinical impression included non-allopathic lesions of the cervical spine, non-allopathic lesion of the thoracic spine, and neuralgia, unspecified. Cervical adjustment, interferential current, and ultrasound therapy were provided.

Plain film radiographs of the lumbar spine revealed mild degenerative disc changes at L-5 and L5-S1. Small degenerative-type spurs arising from the anterior aspects of L-1 through L-4 were observed.

Twenty-five session during the period of 05/28/02 through 07/23/02 were documented with the progress notes virtually identical for each visit (as stated in paragraph one of this clinical history), with the following exceptions:

- 06/05/02 "She noted these symptoms were improved today and reduced her rating from a 6 previously to a 5 today, on a scale of 0 to 10."
- 06/10/02 "She noted these symptoms were improved today, and reduced her pain rating from a 6 previously to a 4 or 5, on a scale of 0 to 10."
- 06/21/02 "An improvement in symptomatology from a 4-5 to a 3-4, on a scale of 0 to 10 is noted."
- 07/03/02 "The symptomatology is now rated a 2 on a scale of 0 to 10."
- 07/08/02 "Improved spinal range of motion is noted today and decreased myospasms, but no outcome data was provided."
- 07/11/02 "Positive cervical and lumbar orthopedic tests were noted. Range of motion measured with the same numbers as on the 05/24/02 exam."

Eighteen session during the period in question, 07/30/02 through 12/20/02 were documented with the progress notes virtually identical for each visit (as stated in paragraph one of this clinical history), with the following exceptions:

- 08/21/02 "The complicating factors of the patient's case listed by...include morbid obesity, pre-consultation duration of symptoms, severity of symptoms, and clinical documentation of a disc syndrome."
- 09/03/02 "The patient refused trigger-point injection therapy."
- 09/12/02 "The patient was referred for trigger-point injections."

- 09/25/02 “ It is documented that the patient fell in her classroom and this exacerbated her low back condition.”
- 10/03/02 “An improvement of her symptomatology is noted and is rated 1-2 on a scale of 0 to 10.”
- 10/10/02 “The patient reported favorable results with trigger-point injection.”

Disputed Services:

Office visits w/MP, myofascial release, electrical stimulation, ultrasound, and mechanical traction during the period of 07/30/02 through 12/20/02.

Decision:

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that the services and treatments in question were medically necessary in this case.

Rationale:

This patient's care is well within accepted medical treatment protocols, given the complications of her case. These complications include the morbid obesity, delay in receiving care for her injury, prolonged pain complaints, and severity of the symptomatology. The care provided is consistent with the *Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters*, as well as the Mercy Guidelines.

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,