

THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER:

SOAH DOCKET NO. 453-04-1646.M5

MDR Tracking Number: M5-03-3189-01

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 assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 8-6-03.

The Medical Review 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 w/ manipulations, electrical stimulation, hot/cold packs, and mechanical traction from 8-16-02 to 5-12-03 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 Medical Review Division has determined that fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for dates of service from 8-16-02 to 5-12-03 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 27th day of October 2003.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

DZT/dzt

NOTICE OF INDEPENDENT REVIEW DECISION

October 17, 2003

Rosalinda Lopez
Program Administrator
Medical Review Division
Texas Workers Compensation Commission
7551 Metro Center Drive, Suite 100, MS 48
Austin, TX 78744-1609

RE: MDR Tracking #: M5-03-3189-01
IRO Certificate #: IRO 4326

The ___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. ___'s health care professional has signed a certification statement stating 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 the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This patient sustained an injury on ___ when she fell off of the bottom step of a high truck lift and landed on her low back and buttocks. She also injured her right knee and had surgical repair on 04/19/97. A lumbar MRI dated 01/27/97 revealed moderate bilateral facet changes at L3-4 and a mild degree of anterolisthesis at L4-5. She has episodes of exacerbation at which time she sees her chiropractor for treatment.

Requested Service(s)

Office visits with manipulations, electrical stimulation, hot or cold packs, and mechanical traction from 08/16/02 through 05/12/03

Decision

It is determined that the office visits with manipulations, electrical stimulation, hot or cold packs, and mechanical traction from 08/16/02 through 05/12/03 were not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

Continued utilization of unidisciplinary, passive, manipulative therapeutics in the treatment of this patient's medical condition is not medically appropriate. The medical records showed no quantifiable medical evidence to demonstrate the effectiveness of the provider's chosen therapeutic plan of treatment. It is not appropriate to continue passive therapeutics without a true measure of effectiveness.

The provider's passive treatment algorithm in the management of this patient's medical condition is not beneficial to this patient. The medical record indicates that this patient should be moved into multidisciplinary management. The documentation has shown that the patient has been transitioned into upper level therapeutics (work hardening) in the past. Regression to a unidisciplinary treatment algorithm after the implementation of a multidisciplinary model is not logically justified. Therefore, it is determined that the office visits with manipulations, electrical stimulation, hot or cold packs, and mechanical traction from 08/16/02 through 05/12/03 were not medically necessary.

The aforementioned information has been taken from the following guidelines of clinical practice and clinical references:

- Jacob T, Zeev A, Epstein L. *Low back pain—a community-based study of care-seeking and therapeutic effectiveness*. *Disabil Rehabil.* 2003 Jan 21;(2):67-76.
- M.J. Comerford, S.L. Mottram. *Functional stability re-training: principles and strategies for managing mechanical dysfunction*. *Manual Therapy* 2001 6(1), pp. 3-14.
- Miedema HS, Chorus AM, Wevers CW, Van der Linden S. *Chronicity of back problems during working life*. *Spine.* 1998 Sep 15;23(18):2021-8; discussion 2028-9.
- *Unremitting low back pain. In: North American Spine Society phase III clinical guidelines for multidisciplinary spine care specialists*. North American Spine Society. Unremitting low back pain. North American Spine Society (NASS); 2000. 96p.

Sincerely,