

MDR Tracking Number: M5-03-3235-01

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 8-11-03.

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 team conference by physician, work hardening program, and office visit 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 6-9-03 through 6-23-03 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 30th day of October 2003.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

DZT/dzt

NOTICE OF INDEPENDENT REVIEW DECISION

Date: October 23, 2003

RE: MDR Tracking #: M5-03-3235-01
IRO Certificate #: 5242

___ 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 proposed 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 Chiropractic reviewer that had ADL certification. The Chiropractic reviewer 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 case involves a claimant who injured his low back while on-the-job on ____. The claimant was diagnosed with a lumbar disc disorder, a lumbar sprain, and lumbar nerve root compression. Apparently, between 09/18/2002 and 07/09/03, the claimant underwent extensive medical treatment, physical therapy, chiropractic therapy, and work hardening. An MRI of the lumbar spine was conducted on 11/15/02 that revealed only mild lower facet degeneration with no nerve root impingement. An electromyogram/nerve conduction velocity study was conducted on 05/02/03 that revealed no abnormal findings.

Requested Service(s)

I have been asked to present a decision regarding the medical necessity of office visits, work hardening, and team conferences that occurred between 06/09/03 and 06/23/03.

Decision

The office visits, work hardening, and team conferences that occurred between 06/09/03 and 06/23/03 were not medically necessary.

Rationale/Basis for Decision

As of 06/09/03, the claimant had already undergone extensive therapy and seven weeks of work hardening. The MRI and nerve conduction velocity /electromyogram studies ruled out disc and nerve root involvement. Therefore, the only appropriate diagnosis was a lumbar sprain/strain injury superimposed over pre-existing lumbar facet degeneration. The natural history for such an injury is 10 to 12 weeks, even without therapeutic intervention. It is likely that the claimant's most recent complaints are related to his pre-existing lumbar facet degeneration. Also, results of the functional capacity exam

conducted on 05/29/03 indicated that the claimant was ready to return to work "with minimal to no restrictions". Therefore, all services conducted between 06/09/03 and 06/23/03 were not medically necessary.

Literary Sources:

Guidelines for Chiropractic Quality Assurance and Practice Parameters, Haldeman, Scott et al, Aspen Publications, Gaithersburg, MD, 1993.

Rehabilitation of the Spine, Liebenson, Craig, D.C., et al, Williams & Wilkins, Baltimore, MD, 1996.