

MDR Tracking Number: M5-03-3402-01

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. This dispute was received on March 10, 2003.

The IRO reviewed electric stimulation, office visits, joint mobilization, myofascial release and therapeutic procedures rendered from 03-28-02 through 06-24-02 that were denied based upon "U".

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity for electric stimulation, office visits, joint mobilization, myofascial release and therapeutic procedures. Consequently, the requestor is not owed a refund of the paid IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On November 05, 2003, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice. The Medical Review Division is unable to review this dispute for fee issues. Relevant information was not submitted by the requestor in accordance with Rule 133.309 (g)(3) to confirm delivery of service for the fee component in this dispute. Therefore reimbursement is not recommended.

This Decision is hereby issued this 19th day of February 2004.

Georgina Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

NOTICE OF INDEPENDENT REVIEW DETERMINATION

REVISED 1/6/04

MDR Tracking Number: M5-03-3402-01

October 31, 2003

An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by ____, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

___ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to ___.

Notice of Independent Review Determination

CLINICAL HISTORY

Available information suggests that this patient reports a low back injury that occurred at work on ____. She was apparently working as a housekeeper when she slipped and fell in a bathroom, landing across the bathtub, and striking her lower back at impact. She apparently began chiropractic manipulation and passive modalities with a ___ soon following reported injury. No initial medical or chiropractic reports are provided for review. There is an orthopedic report submitted from ____, on 2/21/02 indicating that current chiropractic treatment and physical therapy "increases her lower back pain." Recommendations are made for sacroiliac joint injections and active rehabilitation. There is a pain management report submitted by ___ on 3/25/02 indicating that ___ has placed the patient on extensive passive and now active therapy, and that she has trouble tolerating therapy as well as chiropractic adjustments secondary to severe pain in the hip area. The patient is diagnosed with bilateral sacroiliitis and chronic hip pain.

Sacroiliac injections under fluoroscopic guidance are recommended with active rehabilitation. Injections appear to be performed on 4/9/02 and 6/25/02 by ___ with limited improvement. Reports of MRI reviewed on 4/25/02 suggest no significant abnormalities. EMG/nerve conduction studies are recommended but no report of this is available for review. The patient does appear to undergo diagnostic ultrasound examination on 5/30/02 suggesting mild inflammation at thoracic and lumbar facet joints as well as bilateral sacroiliac joints.

REQUESTED SERVICE(S)

Determine medical necessity for chiropractic services including (therapeutic exercise, joint mobilization, myofascial release and electrical stimulation) and office visits for dates in dispute 3/28/02 through 6/24/02.

DECISION

This file contains no chiropractic reports or clinical notes supporting these services provided for the period of 3/28/02 through 6/24/02. Medical necessity for these services is not supported, and in fact, the patient appears to experience a clinical worsening of conditions as a result of this therapy.

RATIONALE/BASIS FOR DECISION

Medical necessity for these services is not supported by available documentation. At one year post injury, clinical rationale for continuation of this level of passive and active physical therapy is not supported by natural history and/or generally accepted standards of care. In addition, treating chiropractor does not appear to provide clinical notes and reports necessary to support care provided. There is no specific outline of functional assessment, active therapeutic exercise protocols or self-care instruction. There is no functional capacity evaluation or other objective explanation of functional deficits supporting therapeutic exercise, joint mobilization, myofascial release or electrical stimulation submitted by chiropractic provider during the period disputed.

1. Hurwitz EL, et al. The effectiveness of physical modalities among patients with low back pain randomized to chiropractic care: Findings from the UCLA Low Back Pain Study. J Manipulative Physiol Ther 2002; 25(1):10-20.
2. Bigos S., et al., AHCPR, Clinical Practice Guideline, Publication No. 95-0643, Public Health Service, December 1994. "The use of physical agents and modalities in the treatment of acute low back pain problems is of insufficiently proven benefit to justify their cost. As an option, patients may be taught self application of heat or cold to the back at home."
3. Hoving JL, Koes BW, de Vet HCW, van der Windt DAWM, Assendelft WJJ, van Mameren H, et al. Manual therapy, physical therapy or continued care by a general practitioner for patients with back pain. A randomized controlled trial. Ann Int Med 2002; 136:713-722.

4. Morton JE. Manipulation in the treatment of acute low back pain. J Man Manip Ther 1999; 7(4):182-189.
5. Guidelines for Chiropractic Quality Assurance and Practice Parameters, Mercy Center Consensus Conference, Aspen Publishers.

The observations and impressions noted regarding this case are strictly the opinions of this evaluator. This evaluation has been conducted only on the basis of the medical/chiropractic documentation provided. It is assumed that this data is true, correct, and is the most recent documentation available to the IRO at the time of request. If more information becomes available at a later date, an additional service/report or reconsideration may be requested. Such information may or may not change the opinions rendered in this review. This review and its findings are based solely on submitted materials.

No clinical assessment or physical examination has been made by this office or this physician advisor concerning the above-mentioned claimant. These opinions rendered do not constitute a per se recommendation for specific claims or administrative functions to be made or enforced.