

MDR Tracking Number: M5-02-2359-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective January 1, 2002 and Commission Rule 133.305 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 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 and computer data analysis rendered were not medically necessary.

Based on review of the disputed issues within the request, the Division has determined that office visits and computer data analysis fees were the only fees involved in the medical dispute to be resolved. As the treatment, (office visits and computer data analysis) was not found to be medically necessary, reimbursement for dates of service from 3/14/01 through 7/6/01 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 31st of, October 2002.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

October 29, 2002

Re: Medical Dispute Resolution
MDR #: M5.02.2359.01
IRO Certificate No.: IRO 5055

Dear:

___ 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 patient was injured on her job on _____. An MRI on 02/01/01 demonstrated a right paracentral L5-S1 disc herniation. An EMG on 03/08/02 confirmed the presence of an L-5 radiculopathy.

Disputed Services:

Office visits and computer data analysis for the period 03/14/01 through 07/06/01.

Decision:

The reviewer agrees with the determination of the insurance carrier. The reviewer is of the opinion that the services in question were not medically necessary.

Specifically, code 99090 on 03/14/01 & 04/04/01, and code 99213-MP on 04/12/01, 05/24/01, 05/29/01, 05/30/01, 06/05/01, 06/07/01, 06/12/01, 06/13/01, 06/14/01, 06/18/01, 06/27/01 and 07/06/01.

Rationale for Decision:

The 99090 code is utilized by analysis of computer-stored data typically seen in, but not limited to ECG's. Documentation submitted in reference to the 99090 CPT code is insufficient and does not warrant the application of this code. The 99213-MP CPT code is utilized as a modifier on the 99213 CPT code that allows manipulation. The key components of an office visit were not satisfied.

There is no further medical information presented that would warrant continued treatment application. The patient was placed into a work hardening program nearly one year after her injury. There is no documentation that reflects progression through standard levels of care. Injection series were performed on or about 06/19/01. It is standard practice in the occupational medicine environment to treat minimally invasive for the first six to eight weeks. After that point, invasive applications, such as an injection series, that is utilized in ruling in/out pain generators is common practice.

The patient continued to be manipulated when there was sufficient information that implied that this modality was not a successful application. The patient should have been transitioned into a tertiary level of care.

References utilized for this review:

- 1996 Medical Fee Guidelines
- *Unremitting Low Back Pain Guidelines* set forth by the North American Spine Society, *Phase 3 Clinical Guidelines for Multidisciplinary Spine Care Specialists*, published in 2000.

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,