

MDR Tracking Number: M5-02-2578-01

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 physical therapy, office visits and special reports were not medically necessary.

Based on review of the disputed issues within the request, the Division has determined that the fees for physical therapy, office visits and special reports were the only fees involved in the medical dispute to be resolved. As the treatment was not found to be medically necessary, reimbursement for dates of service from 10-17-01 through 3-13-02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 21st day of October 2002.

Dee Z. Torres, Medical Dispute Resolution Officer
Medical Review Division

DZT/dzt

NOTICE OF INDEPENDENT REVIEW DECISION

AMENDED LETTER
NOTE: Requested Services

September 25, 2002

Rosalinda Lopez
Program Administrator
Medical Review Division
Texas Workers Compensation Commission
4000 South IH-35, MS 48
Austin, TX 78704-7491

RE: MDR Tracking #: M5-02-2578-01
IRO Certificate #: 4326

___ 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. ___ 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 30 year old male sustained a work-related injury on ___, while bending over and cranking a trailer landing gear. The patient felt a sharp pop and immediate pain in his low back. On the next day, ___, the patient was examined and x-rays were taken of the lumbar spine. The patient was diagnosed with lumbar sprain/strain, disc calcification and lumbar segmental dysfunction. An MRI of the lumbar spine was performed on 10/02/01, which indicated a 2-3 mm bulge at L5/S1 with no neural compromise. On 10/03/01, the treating doctor performed a functional capacity evaluation (FCE), which indicated lingering functional deficits. The patient was referred to an orthopedic surgeon on 10/24/01. A second FCE was performed on 11/01/01 and the claimant was released to return to modified work duty on 11/05/01.

Requested Service(s)

The following services provided from 10/17/01 through 03/13/02:

99212 and 99213 – Office visits for established patient
97035 – Ultrasound
97032 – Electrical stimulation
97124 – Massage
97010 – Application of hot/cold packs
99080 – Preparation of a special report
97122 – Manual Therapy

Decision

With the exception of the office visit (99213), on 10/17/01 which is not in dispute, the following services provided from 10/17/01 through 03/13/02 were not medically necessary to treat this patient's condition:

99212 and 99213 – Office visits for established patient
97035 – Ultrasound
97032 – Electrical stimulation
97124 – Massage
97010 – Application of hot/cold packs
99080 – Preparation of a special report
97122 – Manual Therapy

Rationale/Basis for Decision

The medical record documentation does not support the medical necessity or clinical need for conservative chiropractic care beyond the initial 4-week period. The patient was initially diagnosed with sprain/strain type injury. This would indicate a typical trial of chiropractic care for an uncomplicated soft tissue injury. The documentation does not contain hard comparative objective data that could substantiate the necessity for additional care. The data would include comparative range of motion studies, or comparative muscle testing, etc., to objectively describe the patient progress. In the treating chiropractor's notes, the patient did not progress as expected. In addition, the efficacy of continued use of passive modalities beyond an initial four weeks with the given documented response to care is not well established. General standards of care suggest the use of passive modalities to be confined to the initial four weeks.

Therefore, with the exception of the office visit (99213), on 10/17/01 which is not in dispute, the following services provided from 10/17/01 through 03/13/02 were not medically necessary to treat this patient's condition:

- 99212 and 99213 – Office visits for established patient
- 97035 – Ultrasound
- 97032 – Electrical stimulation
- 97124 – Massage
- 97010 – Application of hot/cold packs
- 99080 – Preparation of a special report
- 97122 – Manual Therapy

Sincerely,