

MDR Tracking Number: M5-02-3144-01

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 assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(q)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The therapy following MUA, including 97110, 97112, 97250, 97032 and office visit on 3/6/02 were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these therapy and office visit charges.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 1/21/02 through 4/15/02 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 29th day of January 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

October 24, 2002

David Martinez
TWCC Medical Dispute Resolution
4000 IH 35 South, MS 48
Austin, TX 78704

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IRO #: 5251

___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this 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 care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Doctor of Chiropractic. The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors 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 the dispute.

RECORDS REVIEWED

- Position statement from ___
- Treatment Notes
- Rehabilitation Worksheets
- Examinations
- Manipulation under anesthesia reports
- Initial consultation, examination and recommendation for chronic pain management program by ___ on 4/4/02
- Right side sacroiliac joint injection by ___ on 4/11/02
- Required medical examination by ___ on 4/8/02
- MRI of the lumbar spine interpreted by ___ on 4/2/02 indicated a 6 mm left posterior lateral L5/S1 disk protrusion with compression of the left S1 nerve root. A 3-4 mm disc bulge with compression of the thecal sac at L4/5 and narrowing of the neural foramina bilaterally. A 5 mm disc protrusion at L3/4 narrowing the left neural foramina.

- EMG/NCV performed on 4/4/02 and interpreted by ___ indicated left L4, bilateral L5 and S1 nerve root irritation, left greater than right with motor and sensory NCV of the bilateral lower extremities within normal limits.
- Post myelogram CT of the lumbar spine interpreted by ___ on 11/15/01 indicated minimal posterior annular bulges at L3/4, L4/5 and L5/S1 with slight thecal flattening at the upper two levels and contact with the neural and thecal structures at L5/S1 and mild facet tropism at L5/S1. The lumbar myelogram indicated minimal anterior thecal impressions at L3/4, L4/5 and L5/S1 with small sacral root sleeve ectasias of doubtful clinical significance.
- Lumbar discogram with the CT scan of the lumbar spine performed by ___ on 3/9/00. ___ conclusion was: normal discogram and CT at L2/3; abnormal discogram at L3/4 with left paracentral posterior herniation with stenosis along the left neural foramen and impingement of the nerve root with significant concordant back pain and left sided radiculopathy; abnormal discogram at L4/5 with a sizable circumferential left paracentral posterior herniation with significant stenosis and impingement on the nerve root with severe concordant back pain and left side radiculopathy; abnormal discogram at L5/S1 with circumferential left paracentral posterior herniation impinging upon the left S1 and L5 nerve roots with significant stenosis of the left side neural foramen with severe concordant back pain and left sided radiculopathy. Particularly the left L1 nerve root is being displaced left laterally posterior and inferiorly at L5/S1.
- CT scan of the sacrum and coccyx interpreted by ___ on 3/29/00 indicated: nonspecific increased sclerosis of the superior one-third and anterior portion of the 1st segment of the sacrum with no compression fracture deformity. Mild to moderate hypertrophic changes and increased sclerosis and degenerative changes of both sacroiliac joints with no abnormal widening subluxation or fracture. Slight right lateral anterior deviation of the coccyx consistent with developmental deviation, variation.
- Letter of medical necessity including examination requesting manipulations under anesthesia and six weeks of follow-up care from ___.

CLINICAL HISTORY

___ suffered a compensable work injury in ___. She was crouching down and pulling on a desk drawer that was stuck. As she pulled harder she twisted her back and felt a sharp pain in the lower back and buttock regions. According to the notes by ___, ___ underwent three epidural steroid injections and continuous pharmacological management without psychotropic medication.

DISPUTED SERVICES

Disputed services include the following: office visits, traction, electrical stimulation, ultrasound, therapeutic procedure, myofascial release and manipulation.

DECISION

The reviewer agrees in part and disagrees in part with the prior adverse determination.

BASIS FOR THE DECISION

The reviewer **agrees** with the prior adverse determination on the following:

- Regarding medical necessity of manipulation on: 3/20, 3/21, 3/25, 3/29, 4/3, 4/4, 4/5, 4/9, 4/10, 4/11 and 4/15/02, there was no documentation of manipulation having been performed during the office visits in the medical records listed above.
- Regarding medical necessity of office visits on 1/21, 1/23, 1/25, 3/8 and 3/22/02, the medical records provided do not meet the requirements established for evaluation and management of the patient during the office visits. The three key components of history, examination and medical decision-making at the level of 99213 require an expanded history, expanded examination and a low level of decision making. Two of the three components must be met or exceeded for a particular level of E/M service. The documents provided do not contain this information.
- Regarding medical necessity of ultrasound performed on 1/21, 1/23, 1/25, 3/8, 3/20, 3/21, 3/22, 3/25, 3/29, 4/2 and 4/4/02, based on protocols listed below there is no beneficial result from ultrasound in the prevention of adhesions or the increase in flexibility following manipulation under anesthesia.
- Regarding medical necessity of intersegmental traction on 1/21/02, based on the protocols listed below, there is no beneficial result from intersegmental traction following manipulation under anesthesia.

The reviewer **disagrees** with the prior adverse determination on the following:

- Regarding medical necessity of preparatory muscle conditioning (97110) on 1/23, 1/25, and 3/8/02 and neuromuscular reeducation (97112) on 3/22/02, based on the protocols listed below, active protocols involving exercises and stretching have definite medical benefits following manipulation under anesthesia.
- Regarding medical necessity of myofascial release (97250) performed on 1/21, 1/23, 1/25, 3/20, 3/21, 3/22, 3/25, 3/29, 4/2, 4/4, 4/5, 4/9, 4/10 and 4/11/02, based on the protocols listed below, myofascial release is medically necessary for its therapeutic value in physical therapy protocols following manipulation under anesthesia in the relief of trigger points, muscle splinting and fascial adhesions and the prevention of reformation of fibrous adhesions.
- Regarding the medical necessity of the office visit on 3/6/02, the medical records under the code of 99212 meet the requirements of a focused examination. From the position statement, the reviewer gathered that the patient had a family emergency,

though there was no elaboration in the history portion of that office visit. It is assumed that the decision of that day was to continue with the therapy. In the future, office visits coded at this level should include the basic components of documented history, examination, and decision-making so there is no dispute concerning E/M coding and appropriate billing.

- Regarding medical necessity of attended electrical stimulation (97032) performed on 1/21, 1/23, 125, 3/0, 3/20, 3/21, 3/22, 3/25, 3/29, 4/2 and 4/4/02, based on the protocols listed below, attended electrical stimulation was beneficial and therefore medically necessary for the patient in relief of muscle splinting and hypertonicity leading toward further flexibility and prevention of adhesions.

RATIONALE/BASIS FOR DECISION

According to the text by Rob Francis, D.C. for his course on Manipulation Under Anesthesia, “almost all authors recommend post operative manipulation and therapy (1, 3, 7, 11-14). Postoperative pain control with medication is also advisable (3, 11). The type and timing of physical techniques vary from author to author.” The postoperative recovery period also varies with one author suggesting two days rest from activity after the procedure. (1) “Postoperative manipulation is indicated after the post operative recovery period (1, 3, 14). The purpose of the follow-up manipulation is to prevent debris formation of fibrous adhesions. (1) Passive stretching and active exercise have also been recommended for postoperative rehabilitation (3, 12). In general, it can be said that the standard protocol for postoperative MUA care is several weeks of follow-up, including both passive and active physiotherapy methods as well as standard manipulation. At this time, because of a lack of controlled studies to support any particular protocol over another, the final prescription must be left to the operator and/or attending clinicians.”

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As an officer of ____, I certify that there is no known conflict between the reviewer, ____ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

____ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,