

MDR Tracking Number: M5-02-3148-01

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. The IRO has not clearly determined the prevailing party over the medical necessity issues. Therefore, in accordance with §133.308(q)(2)(C), the Commission shall determine the allowable fees for the health care in dispute, and the party who prevailed as to the majority of the fees for the disputed health care is the prevailing party.

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 not the only issue** to be resolved. The office visits and required report were found to be not medically necessary. There is still an unresolved fee dispute.

Rule 133.307 (g) (3), the Division notified the parties and required the requestor to submit two copies of additional documentation relevant to the fee dispute. The 14-day Notice was mailed on 1-2-03. Per Commission Rule 102.5(d), the date received is deemed to be five days from the date mailed. The requestor did not respond. Per Rule 133.307 (g) (4), the carrier representative signed for the copy on 1-2-03. The carrier did not respond to the 14-day letter.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS\$ (Maximum Allowable Reimbursement)	Reference	Rationale
6/27/01 7/6/01 7/11/01 7/13/01 7/18/01 7/20/01	99213	\$ 50.00 x 6 = \$300.00	0.00	U	\$ 48.00	IRO Decision	The IRO determined these office visits and required report were not medically necessary. Therefore, no reimbursement recommended.
7/11/01	99080-73	\$ 50.00	0.00	U	\$ 15.00		
7/23/01	99078-22	\$ 35.00	0.00	F	DOP	96 MFG Med. GR; CPT descriptor; §413.011(b)	Documentation was not submitted to support services rendered or fair and reasonable reimbursement. Therefore, no reimbursement recommended.
TOTAL		\$385.00					The requestor is not entitled to reimbursement.

Consequently, the Commission has determined that **the requestor did not prevail** on the majority of the medical fees. Therefore, the requestor is not owed a refund of the paid IRO fee.

The above Findings and Decision are hereby issued this 7th day of February 2003.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

DZT/dzt

November 27, 2002

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

MDR Tracking #: M5 02 3148 01
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.

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.

CLINICAL HISTORY

___ was injured on his job on ___. He suffered an injury to the low back and left leg which was diagnosed as a lumbar discopathy by ___. MRI revealed a 2mm bulge at L3-4 and L4-5. The patient apparently went through an extensive course of treatment, to include work hardening, under the direction of his treating doctor. After completing the

treatment, the patient followed up on occasion with the treating doctor for manipulative therapy.

DISPUTED SERVICES

The carrier has denied office visits from June 27, 2001 to July 20, 2001.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

The patient was documented to have a significant low back injury and completed the treatment protocol which was in place by the treating doctor. There is a high probability of reoccurrence in low back injuries, especially when the patient returns to physical labor. However, the office notes by ___ clearly show that this patient was getting little or no benefit from this treatment which was rendered by the treating doctor. There are also inconsistencies in the notes. For instance, on June 27, 2001 the patient had improved 40% and was progressing “as expected”, but on July 6, 2001 and thereafter the patient had improved by up to 60% but was progressing *slower* than expected. While this patient was probably injured on his job, 2 mm disc bulges being treated for over 2 years lacking any reasonable treatment plan or goal would not be in accordance with existing standards of care. I could find no treatment guidelines that would give any expectation of a positive outcome with this type of care. As a result, I would agree with the previous determination regarding medical necessity.

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,