

MDR Tracking Number: M5-03-1088-01

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 1-7-03.

The IRO reviewed chiropractic treatment rendered from 3-6-02 to 5-30-02 that were denied based upon "V".

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.

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

On June 16, 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 following table identifies the disputed services and Medical Review Division's rationale:

Services that were denied without an EOB will be reviewed in accordance with *Medical Fee Guideline*.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
1-10-02	99204	\$106.00	\$0.00	No EOB	\$106.00	CPT Code description Evaluation & Management GR (IV)	Report was not submitted to support billed service. Reimbursement is not recommended.
1-16-02	95851	\$108.00	\$0.00	No EOB	\$36.00 / each	CPT Code description Medicine GR (I)(E)(4)	
1-23-02	97750MT	\$129.00	\$86.00	No EOB	\$43.00 / body area	Medicine GR (I)(E)(3)	
2-11-02	97122	\$35.00	\$0.00	T, F	\$35.00	CPT Code description HB2600	HB2600 abolished treatment guidelines on 1-1-02. Therefore, denial based upon "T" was not inappropriate. SOAP note supports billed service.

							Reimbursement is recommended of \$35.00.
3-1-02 3-4-02	99213MP	\$48.00	\$0.00	No EOB	\$48.00	Medicine GR (I)(B)(1)(b)	SOAP note supports billed service. Reimbursement is recommended of 2 dates X \$48.00 = \$96.00.
3-1-02 3-4-02	97265	\$43.00	\$0.00	No EOB	\$43.00	CPT Code description	SOAP note supports billed service. Reimbursement is recommended of 2 dates X \$43.00 = \$86.00.
3-1-02 3-4-02	97250	\$43.00	\$0.00	No EOB	\$43.00	CPT Code description	SOAP note supports billed service. Reimbursement is recommended of 2 dates X \$43.00 = \$86.00.
3-1-02	97110 (4 units)	\$140.00	\$0.00	No EOB	\$35.00 / 15 min	Medicine GR (I)(A)(9)(b)	One to one supervision was not documented in accordance with MFG; therefore, no reimbursement is recommended.
3-4-02	97110 (3 units)	\$105.00	\$0.00	No EOB	\$35.00 / 15 min	Medicine GR (I)(A)(9)(b)	
TOTAL							The requestor is entitled to reimbursement of \$303.00 .

This Decision is hereby issued this 7th day of October 2003.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division

ORDER.

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for 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 Decision is applicable for dates of service 1-10-02 through 3-30-02 in this dispute.

This Order is hereby issued this 7th day of October 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

NOTICE OF INDEPENDENT REVIEW DECISION

June 5, 2003

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

RE: MDR Tracking #: M5-03-1088-01
IRO Certificate #: IRO4326

The ___ 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 patient was a passenger in a company van who was injured in a motor vehicle accident on ___. She was five months pregnant at the time so diagnostic imaging was deferred. Per the physician's documentation, an MRI of the lumbar spine was performed on 06/27/02 revealing a 3mm posterior disc herniation at L5-S1.

Requested Service(s)

Office visits with manipulations, therapeutic exercises, myofascial release, joint mobilization, unusual travel, data analysis, muscle testing and special reports from 03/06/02 through 05/30/02

Decision

It is determined that the office visits with manipulations, therapeutic exercises, myofascial release, joint mobilization, unusual travel, data analysis, muscle testing and special reports from 03/06/02 through 05/30/02 were medically necessary to treat this patient's condition.

Rationale/Basis for Decision

This patient's provider implemented an extended course of conservative therapeutics because of limitations with invasive applications due to the patient's pregnancy. Following the pregnancy, the provider attempted to identify current pain generators, thus the lumbar MRI was performed. Continued passive therapeutics were no longer a feasible option in the further treatment of this patient's medical condition. It was vital that a multidisciplinary treatment algorithm be activated and that invasive procedures are utilized in conjunction with increasingly active therapeutics. The patient's continued pain complaints warranted further investigation into current pain generators. The patient must undergo testing to determine a true functional baseline to facilitate the patient qualifying for higher level therapeutics like work hardening and pain management. Therefore, it is determined that the office visits with manipulations, therapeutic exercises, myofascial release, joint mobilization, unusual travel, data analysis, muscle testing and special reports from 03/06/02 through 05/30/02 were medically necessary.

The aforementioned information has been taken from the following guidelines of clinical practice and clinical references:

- Unremitting low back pain. In: North American Spine Society phase III clinical guidelines for multidisciplinary spine care specialists. North American Spine Society. Unremitting low back pain. North American Spine Society (NASS); 2000. 96p.
- Overview of implementation of outcome assessment case management in the clinical practice. Washington State Chiropractic Association; 2001. 54p.
- Gwendolijne G. M., Scholten-Peeters, MScMT, et al. Clinical practice guidelines for the physiotherapy of patients with whiplash-associated disorders. Spine. Vol. 27, No. 4, pp 412-422.

Sincerely,