

MDR: Tracking Number M5-03-1695-01

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 3-11-03.

The IRO reviewed therapeutic exercises/activities, electrical stimulation, physical performance testing, and X-ray consultation rendered from 8-9-02 through 12-13-02 that were denied based upon "U".

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. Consequently, the requestor is not owed a refund of the paid IRO fee.

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.

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

On July 23, 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:

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
8-9-02	99245	\$201.00	\$0.00	N	\$201.00	Rule 133.307(g)(3)(B)	The requestor did not submit medical records to support fee dispute in accordance with Rule 133.307(g)(3)(B); therefore, no reimbursement is recommended.

This Decision is hereby issued this 19th day of December 2003.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division

July 21, 2003

Re: Medical Dispute Resolution
MDR #: M5-03-1695-01
IRO Certificate No.: IRO 5055

___ 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 Board Certified in Physical Medicine and Rehabilitation.

Clinical History:

This is a young man who felt a sudden sharp onset of low back pain while on his job on ____. Imaging studies of the lumbar spine detected an unusual pattern of posterior osteophytes extending across the entirety of the disc margin at L4-5. There was a posterior bulge noted at L3-4, and moderate intervertebral foraminal narrowing bilaterally at L4-5, with milder changes at L5-S1.

EMG studies of the patient's lower extremities on 07/17/02 indicated findings consistent with irritation of the L5-S1 motor roots on the left, evidence of denervation of the L-4 innervator muscles on the left, without paraspinal denervation. The patient has received extensive physical therapy, physical performance evaluation, FCE, and steroid injections, but still has not returned to work.

Disputed Services:

Therapeutic exercises/activities, electrical stimulation, physical performance testing, and X-ray consultation during the period of 08/09/02 through 12/13/02.

Decision:

The reviewer agrees with the determination of the insurance carrier. The reviewer is of the opinion that the services named above were not medically necessary in this case.

Rationale:

This level of continued physical therapy in the form of passive and active modalities, was unnecessary for the treatment of this patient's back injury. This gentleman has obvious pathology located in his lumbar spine. On review of the medical records provided, the patient has received an inordinate amount of physical therapy. Functional Capacity Evaluation on 04/16/02 revealed that he could function at a sedentary level. Since that time, the patient has received numerous physical performance evaluations that have indicated that he is at a no-work level. Despite continued physical therapy consisting of therapeutic exercises, electrical stimulation, and a host of passive modalities, there has been no appreciable improvement in the patient's overall condition, or his ability to perform at any physical demand level.

Repetitive physical performance evaluations are not clinically necessary for the evaluation of a claimant in this situation. Typically, an FCE in the initial phase of physical therapy, again roughly at midpoint, and at the endpoint of the physical therapy program provides sufficient information to obtain an objective indication of the patient's ability to perform at a physical demand level, and, perhaps, even return to the work environment. Passive modalities past three to four weeks after the onset of the initial injury have not proven to provide significant benefit.

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,