

MDR Tracking Number: M5-03-3162-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 titled Medical Dispute Resolution of a Medical Fee Dispute, 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 8-1-03.

The IRO reviewed office visits w/manipulations, office visits, computer data analysis, NCVs, muscle testing, myofascial release, ultrasound, H/F reflex study, electrodes, temperature gradient study on 8-5-02, 10-14-02, and 10-17-02 through 4-4-03.

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.

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

On 10-9-03, 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	Reference	Rationale
9-19-02	98940	\$35.00	\$0.00	No EOB	NA	This code is not recognized in the 1996 <i>Medical Fee Guideline</i> ; therefore, no review can be made.
10/14/02	99070	\$80.00	\$0.00	No EOB	DOP Rule 133.307(g)(3) (A-F)	Requestor failed to submit relevant information to support delivery of service. No reimbursement recommended.
TOTAL		\$115.00	\$0.00			The requestor is not entitled to Reimbursement.

This Decision is hereby issued this 25th day of March 2004.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

NOTICE OF INDEPENDENT REVIEW DECISION

September 25, 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 #: M5-03-3162-01
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. ___'s 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 sustained an injury on ___ as she twisted while sweeping the floor and almost fell. She reported immediate low back pain radiating down into both lower extremities, left greater than right. A lumbar MRI dated 03/27/01 revealed a bulging disc at T12-L1 without significant central or bilateral foraminal stenosis. She had seen a chiropractor for therapy and treatment.

Requested Service(s)

Office visits with manipulation, office visits, computer data analysis, motor nerve conduction test, muscle testing, myofascial release, ultrasound, sense/mixed nerve conduction test, H or F reflex studies, electrodes, and temperature gradient study for dates of service 08/05/02, 10/14/02, and 10/17/02 through 04/04/03

Decision

It is determined that the office visits with manipulation, office visits, computer data analysis, motor nerve conduction test, muscle testing, myofascial release, ultrasound, sense/mixed nerve conduction test, H or F reflex studies, electrodes, and temperature gradient study for dates of service 08/05/02, 10/14/02, and 10/17/02 through 04/04/03 were not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

This patient participated in 30 sessions of a chronic pain management program that ended on 10/17/02. She was referred to specialists for medication, epidural steroid injections, and psychological evaluation. The patient had an independent medical examination on 09/10/01. In the documentation reviewed, there were several reports for doctors who reviewed the patient's records without performing an examination. She had a designated doctor evaluation on 12/13/01 and was placed on maximum medical improvement with a 10% whole body impairment. The patient's weight and underlying degenerative changes were contributing factors regarding the delay in recovery from this injury.

This patient has had an enormous amount of treatment with relatively only minimal positive objective findings. There are no treatment guidelines that allow for the continued use of chiropractic intervention one and one-half to two years after the original date of injury. Therefore, it is determined that the office visits with manipulation, office visits, computer data analysis, motor nerve conduction test, muscle testing, myofascial release, ultrasound, sense/mixed nerve conduction test, H or F reflex studies, electrodes, and temperature gradient study for dates of service 08/05/02, 10/14/02, and 10/17/02 through 04/04/03 were not medically necessary.

Sincerely,