

MDR Tracking Number: M5-04-0241-01

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, 133.307 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 September 19, 2003. Per Rule 133.308 (e)(1), dates of service rendered on 8/19/02 thru 8/21/02 are considered untimely and not eligible for review.

The IRO reviewed office visits with manipulations rendered from 10/4/02 through 10/9/02 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(r)(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 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 January 5, 2004, 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\$	Reference	Rationale
10/4/02	97010	\$11.00	\$0.00	F	\$11.00	<u>MFG, Medicine Ground Rule (I)(A)(9)(a)(ii)</u>	Review of the office note does not support delivery of service. Reimbursement is not recommended.

	97014	\$15.00	\$0.00	F	\$15.00	, (I)(A)(10)(a-b) Rule 133.307 (g)(3)	Review of the office note does not support delivery of service. Reimbursement is not recommended.
10/7/02	97010	\$11.00	\$0.00	F	\$11.00		Review of the office note supports delivery of service. Reimbursement is recommended in the amount of \$11.00.
	97014	\$15.00	\$0.00	F	\$15.00		Review of the office note supports delivery of service. Reimbursement is recommended in the amount of \$15.00.
10/9/02	97010	\$11.00	\$0.00	F	\$11.00		Review of the office note supports delivery of service. Reimbursement is recommended in the amount of \$11.00.
	97014	\$15.00	\$0.00	F	\$15.00		Review of the office note supports delivery of service. Reimbursement is recommended in the amount of \$15.00.
TOTAL		\$78.00	\$0.00		\$78.00		Reimbursement is recommended in the amount of \$52.00.

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 10/4/02 through 10/9/02 in this dispute.

This Order is hereby issued this 13th day of February 2004.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division
MQO/mqo

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION amended

December 30, 2003

Re: IRO Case # M5-04-0241-01

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a Doctor of Chiropractic, who is licensed by the State of Texas, and who has met the requirements for TWCC Approved Doctor List or has been approved as an exception to the Approved Doctor List. He or she has signed a certification statement attesting 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 referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient injured his lower back in ___. He initially sought treatment from one doctor on 7/9/99, and then the changed to the treating doctor on 9/16/99. An MRI, and discogram have been performed. The patient has been treated with IDET, chiropractic manipulation and physical therapy. The patient was found to be at MMI on 7/9/01.

Requested Service(s)

Office visit with manipulation 10/4/02-10/9/02

Decision

I disagree with the carrier's decision to deny the requested treatment.

Rational

The patient had extensive chiropractic treatment since his ___ injury. From the records provided for this review, it appears that his condition plateaued in early 2000. The patient then had numerous flare ups or exacerbations that necessitated chiropractic treatment that appears to have helped relieve most of his symptoms. The documentation is hand written and illegible at times, but from the patient's subjective complaints and objective findings it appears that the disputed treatment was medically necessary.

Based on the records provided for review, it appears that the treatment continued because of exacerbations of the original injury. Documentation from past flare ups indicates that the patient usually responded to past flare ups, with relief of symptoms, in 3-5 visits, which is appropriate in this case. After an MMI date is reached, all future treatment must be reasonable and necessary in relieving symptoms or improving function, and in this case it has been.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.