

MDR Tracking Number: M5-04-0576-01

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 10-24-03.

The IRO reviewed office visits w/manipulations, unlisted modality, hot/cold pack, and electrical stimulation (unattended) from 10-25-02 to 8-8-03.

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 1-5-04, 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	MARS (Max. Allowable Reimbursement)	Reference	Rationale
2-7-03 2-21-03 3-5-03 3-21-03 7-25-03	99213-MP	\$50.00 x 5 days	\$0.00	F	\$48.00	Rule 133.307(g)(3) (A-F)	Relevant information supports delivery of service. Recommend reimbursement of \$48.00 x 5 days = \$240.00.
TOTAL							The requestor is entitled to reimbursement of \$240.00.

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 Order is applicable for dates of service 2-7-03 through 7-25-03 in this dispute.

This Order is hereby issued this 18th day of June 2004.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

NOTICE OF INDEPENDENT REVIEW DECISION amended

December 31, 2003

Re: IRO Case # M5-04-0576

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 her lower back in ___ when she was lifting groceries. She sought chiropractic treatment. She was treated with chiropractic, and also evaluated with MRI and electrodiagnostic studies. The patient was found to be at MMI on 6/5/00.

Requested Service(s)

Office visit with manipulation, unlisted modality, hot/cold pack therapy, electrical stimulation (unattended) 10/25/02-8/8/03

Decision

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

Rational

The patient received an adequate trail of chiropractic treatment prior to the dates in dispute, and apparently responded favorably to the treatment. The treatment, however, failed to give permanent relief of symptoms. In a letter to the IRO dated 11/24/03, it was noted that, "we have attempted to decrease the frequency of her visits but her symptoms tend to return."

According to the documentation provided for the dates in dispute, the patient on each visit presented with a VAS of 1 to 2 and reported that there was no change in pain. A VAS of 1 to 2 is considered to be minimal to mild pain. A VAS of this severity could be managed by OTC medication and a home exercise program, but the records do not mention any attempt to put the patient on such a program. In this case, a weight loss program may also have been beneficial.

The patient was found to be at MMI on 6/5/00, yet she was still being treated years later. After an MMI date is reached, further treatment should be reasonable and effective in relieving symptoms or improving function. In this case, the patient's symptoms persist without subjective and objective documentation showing that treatment is beneficial.

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