

MDR Tracking Number: M5-04-0700-01

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 (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on November 4, 2003.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the majority of the disputed issues denied for 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 the only issue** to be resolved. The subsequent office visits, neuromuscular, myofascial release, and exercises were found to be medically necessary for dates of service 11-05-02 through 12-27-02. The subsequent office visits, neuromuscular, myofascial release, and exercises were not found to be medically necessary for dates of service 01-02-03 through 01-10-03. The respondent raised no other reasons for denying reimbursement for the above listed services.

This findings and decision is hereby issued this 4th day of February.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay 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 to dates of service 11/05/02 through 01/10/03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 4th day of February 2004.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division
RL/pr

February 2, 2004

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IRO #: 5251

___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this 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 care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Doctor of Chiropractic. The reviewer is on the TWCC Approved Doctor List (ADL). The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors 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 the dispute.

CLINICAL HISTORY

___ initially injured his low back on ___ while evening out cement. He was employed as a cement worker. An MRI indicated a large disc herniation and on 8/27/02 the patient underwent a lumbar laminectomy, foraminotomy and partial facetectomy at L5/S1 and L4/5 on the left. The patient was found to be at MMI on 3/11/03 with an impairment rating of 10%.

DISPUTED SERVICES

Under dispute is the medical necessity of office visits and neuromuscular, myofascial release, and exercises from 11/5/02 through 1/10/03.

DECISION

The reviewer disagrees with the prior adverse determination for dates of service through 12/27/02. The reviewer agrees with the prior adverse determination for dates from 12/28/02 forward.

BASIS FOR THE DECISION

Utilizing general guidelines for therapeutic procedures from Trailblazer, a center for Medicare Services CMS contractor for Texas, “standard treatment is 18 sessions within a six week period. Documentation supporting the medical necessity of continued treatment must be made available” for code 97110. Records indicate that the patient began active therapy on 9/27/02. Six weeks following this would put the patient at approximately the middle of November 2002. Considering the patient’s complicating factors of length of time to be off of work, (de-conditioning) and his post-surgical condition, it is both reasonable and necessary that office visits and active rehabilitative care for approximately 32 visits, or twelve weeks, would be needed in this case. Any care after 12/27/02 would be considered unreasonable and unnecessary.

___ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. ___ has made no determinations regarding benefits available under the injured employee’s policy

As an officer of ___, I certify that there is no known conflict between the reviewer, ___ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

___ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,