

MDR Tracking Number: M5-04-0858-01

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 20, 2003.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity.

The IRO agrees with the previous determination that the office visits and special reports were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Division has determined that fees were the only fees involved in the medical dispute to be resolved. As the treatment listed above was not found to be medically necessary, reimbursement for dates of service from 12/19/02 to 02/13/03 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 11<sup>th</sup> day of February 2004.

Patricia Rodriguez  
Medical Dispute Resolution Officer  
Medical Review Division  
PR/pr

February 9, 2004

Rosalinda Lopez  
Texas Workers' Compensation Commission  
Medical Dispute Resolution  
Fax: (512) 804-4868

**REVISED REPORT**  
**Corrected TWCC #**

Re: MDR #: M5-04-0858-01  
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.

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.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is certified in Chiropractic Medicine.

**Clinical History:**

This 47-year-old female was injured while working on \_\_\_\_. Her injury was originally reported as both cervical and lumbar strains with repetitive injuries to the bilateral upper extremities and the left lower extremity. Although no surgery of any kind was included in this case, she underwent extensive and multiple diagnostics, followed by chiropractic care, physical therapy, and multiple steroid injections.

**Disputed Services:**

Office visits and special reports during the period of 12/19/02 through 02/13/03.

**Decision:**

The reviewer agrees with the determination of the insurance carrier and is of the opinion that the office visits and special reports in dispute as stated were not medically necessary in this case.

**Rationale:**

The office visits on 12/19/02, 1/23/03 and 2/13/03 were not medically necessary because the patient was under the care of no less than 3 other doctors at the time (both medical and chiropractic). Introduction of yet another medical doctor in light of this was not medically necessary, particularly when he was called upon only to evaluate the upper extremities and in the absence of significant positive objective findings to them. Not only did the overall records not support the necessity of this referral, they did not support the need for an Evaluation and Management (E/M) code 99205 on an initial basis, and established patient follow-up service levels of 99214.

The office visits on 1/10/03 and 2/10/03, were not medically necessary because the condition did not warrant this high level of established patient visit be reported for a reevaluation absent manipulation being performed by the attending doctor of chiropractic (per *TWCC Medical Fee Guidelines*, Medicine Ground Rules, 1 [11][B][2a.]). And finally, the special reports also submitted for these same dates of service are deemed to not be medically necessary because no documentation was submitted to support their having been completed.

Sincerely,