

MDR Tracking Number: M5-04-0931-01

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 12-01-03.

The IRO reviewed chiropractic manipulation, electrical stimulation, manual therapy, vasopneumatic device therapy and neuromuscular re-education rendered from 08-07-03 through 09-11-03 that were denied based “V”.

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.

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 04-01-04, 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  | Reference                   | Rationale   |
|--|----------|--|--------|-----------------|---|-----------------------------|---|
| 7-23-03<br>and<br>9-24-03<br>(2 DOS)     | 99214    | \$171.83<br>(1 unit @<br>\$71.00 on<br>7-23-03, 1<br>unit @<br>\$100.83 on<br>9-24-03            | \$0.00 | NO<br>EOB       | \$71.00 on<br>7-23-03<br><br>\$67.00 on<br>9-24-03              | Rule 133.307<br>(g)(3)(A-F) | Requestor did not submit relevant information to support delivery of service. No reimbursement recommended. |
| 7-23-03<br>8-27-03<br>10-2-03<br>(3 DOS) | 97032    | \$63.14<br>(1 unit @<br>\$22.00 on<br>7-23-03, 1<br>unit @<br>\$20.57 on<br>8-27-03 &<br>10-2-03 | \$0.00 | NO<br>EOB       | \$22.00 on<br>7-23-03<br><br>\$19.00 on<br>8-27-03 &<br>10-2-03 | Rule 133.307<br>(g)(3)(A-F) | Requestor did not submit relevant information to support delivery of service. No reimbursement recommended. |

| <b>DOS</b>                               | <b>CPT CODE</b> | <b>Billed</b>  | <b>Paid</b> | <b>EOB Denial Code</b> | <b>MARS</b>   | <b>Reference</b>            | <b>Rationale</b>  |
|--|-----------------|--|-------------|------------------------|---|-----------------------------|---|
| 8-27-03<br>9-24-03<br>10-2-03<br>(3 DOS) | 98940           | \$98.76<br>(1 unit @<br>\$32.92 X 3<br>DOS)  | \$0.00      | NO<br>EOB              | \$26.00   | Rule 133.307<br>(g)(3)(A-F) | Requestor did not submit relevant information to support delivery of service. No reimbursement recommended. |
| 7-23-03<br>8-27-03<br>10-2-03<br>(3 DOS) | 97016           | \$59.24<br>(1 unit @<br>\$24.00 on<br>7-23-03,<br>1 unit @<br>\$17.62 on<br>8-27-03<br>and 10-20-<br>03) | \$0.00      | NO<br>EOB              | \$24.00 on<br>7-23-03<br><br>\$16.00 on<br>8-27-03 &<br>10-2-03 | Rule 133.307<br>(g)(3)(A-F) | Requestor did not submit relevant information to support delivery of service. No reimbursement recommended. |
| 7-23-03                                  | 97010           | \$11.00<br>(1 unit)  | \$0.00      | NO<br>EOB              | \$11.00   | Rule 133.307<br>(g)(3)(A-F) | Requestor did not submit relevant information to support delivery of service. No reimbursement recommended. |
| 7-23-03                                  | 97124           | \$28.00<br>(1 unit)  | \$0.00      | NO<br>EOB              | \$28.00   | Rule 133.307<br>(g)(3)(A-F) | Requestor did not submit relevant information to support delivery of service. No reimbursement recommended. |
| 8-27-03                                  | 97112           | \$36.50<br>(1 unit)  | \$0.00      | NO<br>EOB              | \$33.00   | Rule 133.307<br>(g)(3)(A-F) | Requestor did not submit relevant information to support delivery of service. No reimbursement recommended. |
| 9-24-03                                  | 99080-<br>73    | \$15.00<br>(1 unit)  | \$0.00      | NO<br>EOB              | \$15.00   | Rule<br>133.106(f)          | Requestor did not submit relevant information to support delivery of service. No reimbursement recommended. |
| 9-8-03                                   | 99358           | \$75.00<br>(1 unit)  | \$0.00      | N                      | \$84.00   | Rule 133.307<br>(g)(3)(A-F) | Requestor did not submit relevant information to meet documentation criteria. No reimbursement recommended. |
| <b>TOTAL</b>                             |                 | \$558.47   | \$0.00      |                        |   |                             | Requestor is not entitled to any reimbursement.   |

This Findings and Decision is hereby issued this 27<sup>th</sup> day of May 2004.

Debra L. Hewitt  
Medical Dispute Resolution Officer  
Medical Review Division  
DLH/dlh

March 22, 2004  
Amended May 24, 2004

David Martinez  
TWCC Medical Dispute Resolution  
4000 IH 35 South, MS 48  
Austin, TX 78704

MDR Tracking #: M5-04-0931-01  
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

This patient was injured when she slipped and fell in a puddle of oil and landed on her spine. She was initially referred to a company doctor, who prescribed medication, and later went to \_\_\_ for chiropractic care. He has performed manipulative therapy along with passive and active care on this patient since that time. She complained of pain in her neck and low back during the treatment regimen and was referred to \_\_\_, for ESI and facet blocks. MRI was negative for a frank herniation in the lumbar spine, but there are protrusions of 2mm into the neural canal at L3, L4 and L5 disk spaces. The results also show some degeneration in the spine. The cervical spine MRI demonstrates a mild bulge at the level of C4/5. A designated doctor, \_\_\_ found her to not be at MMI in May of 2003 and suggested that MMI should come by August 19, 2003.

DISPUTED SERVICES

The carrier has denied the medical necessity of chiropractic manipulation, electrical stimulation, manual therapy, vasopneumatic device therapy and neuromuscular re-education from August 7, 2003 through September 11, 2003

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

This patient clearly had a myofascial pain syndrome and there does seem to be a perception by the patient that she has a very high level of pain. However, the treatment on this case has gone on up to nearing statutory MMI and there is no overall response to the care that is rendered. There are indications that a surgical procedure is being planned for the cervical spine, but this would not have an effect on the necessity of ongoing chiropractic care. The care rendered largely is passive in nature, but that is not an automatic negative on a case like this. The reviewer feels that if a modality is shown to have positive response on a patient, the therapy would be considered reasonable. Unfortunately, considering the very long term of the care along with the patient's lack of responsiveness, the care is found to not be reasonable and necessary on this case.

\_\_\_ 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,