

MDR Tracking Number: M5-04-1166-01

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 assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 12-23-03.

The IRO reviewed neuromuscular stimulation, myofascial release, ultrasound, electric stimulation and hot/cold packs rendered from 1-6-03 through 3-7-03 that were denied based upon “U.”

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.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On March 26, 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:

No EOB: Neither party in the dispute submitted EOBs for some of the disputed services identified above. Since the insurance carrier did not raise the issue in their response that they had not had the opportunity to audit these bills and did not submit copies of the EOBs, the Medical Review Division will review these services per *Medical Fee Guideline*.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
1-15-03	99213	\$60.00	\$0.00	No EOB	\$48.00	Evaluation & Management GR (VI)	MAR for 99213 is recommended of \$48.00.
1-20-03 1-22-03 1-23-03 1-27-03 1-29-03 1-30-03 2-3-03 2-5-03 2-6-03 2-10-03 2-11-03 2-19-03 2-20-03 2-21-03 2-24-03 2-25-03 2-28-03 3-3-03 3-5-03 3-7-03	99213	\$60.00	\$0.00	N	\$48.00	Evaluation & Management GR (VI)	CPT code descriptor for 99213 states in part, "requires at least two of these three key components: an expanded problem focused history, an expanded problem focused examination; medical decision making of low complexity." The office visit notes do not document at least two of the three key components; therefore, no reimbursement is recommended.
1-29-03	L0515	\$80.00	\$0.00	N	DOP	General Instructions GR (III)	DOP was not met per General Instructions GR for DOP services. Reimbursement is not recommended.
2-21-03 2-24-03 3-3-03	97035	\$26.00	\$0.00	N	\$22.00	CPT Code Descriptor	Office visit notes document service per MFG, reimbursement of \$22.00 X 3 dates = \$66.00.
2-21-03 2-24-03 3-3-03	97014	\$18.00	\$0.00	N	\$15.00	CPT Code Descriptor	Office visit notes document service per MFG, reimbursement of \$15.00 X 3 dates = \$45.00.
2-21-03 2-24-03 3-3-03	97010	\$15.00	\$0.00	N	\$11.00	CPT Code Descriptor	Office visit notes document service per MFG, reimbursement of \$11.00 X 3 dates = \$33.00
3-3-03	97250	\$44.00	\$0.00	N	\$43.00	CPT Code Descriptor	Office visit notes document service per MFG, reimbursement of \$43.00 is recommended.
TOTAL							The requestor is entitled to reimbursement of \$235.00.

This Decision is hereby issued this 7th day of September 2004

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division

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 1-6-03 through 3-7-03 in this dispute.

This Order is hereby issued this 7th day of September 2004.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division

March 24, 2004

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

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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

The patient was injured when he was lifting several boxes of trash bags while standing on a ladder. While holding onto a box, his weight accidentally shifted to the left and he dropped the box he was holding. Its weight was approximately 40 pounds. He had an immediate onset of low back pain with continued to get worse. He was taken to the ___ ER and was prescribe muscle relaxers and anti-inflammatories. He sought care from Dr. B and was treated with chiropractic care, along with passive and active therapies. MRI indicated a protrusion at L4/5 with a thecal sac impingement and degeneration. There were also disc bulges at L3/4 and L2/3. Electrodiagnostic testing indicated a left L5 radiculopathy. He was referred to Dr. H and was treated with Epidural Steroid Injections. During his treatment program he was working light duty.

DISPUTED SERVICES

The carrier has denied the medical necessity of neuro stim, hot/cold packs, electrical stimulation, ultrasound and myofascial release from January 6, 2003 through March 7, 2003

DECISION

The reviewer disagrees with the prior adverse determination.

BASIS FOR THE DECISION

The patient was clearly seriously injured in this incident and had indicators of a lesion in the lumbar spine that required extensive rehabilitation, as well as palliative measures, which would help relieve this patient's pain. This would be especially true in light of the fact that the patient continued to attempt work on a regular basis during much of his treatment program. The treatments rendered were well within established protocol for the injury and were indicated in this injured worker's condition. The records indicate that the patient was responding to the care at some level on an ongoing basis. As a result, the reviewer finds that the care rendered was both reasonable and necessary.

___ 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,