

MDR Tracking Number: M5-04-1304-01

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 01-13-04.

The Medical Review 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 therapeutic procedures, office visits, joint mobilization, myofascial release, manual traction, analysis of computer data, and range of motion measurements that were denied with "V" from 4/17/03 through 7/30/03 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 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 March 4, 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.

Review of the requester's and respondent's documentation revealed that neither party submitted copies of EOB's, nor HCFAs for dates of service 4/1/03, 4/29/03, 5/29/03, 6/4/03 in accordance with Rule 133.307 g (3) and j (1). Therefore, **reimbursement is not recommended.**

Review of the requester's and respondent's documentation revealed that neither party submitted copies of EOB's, nor HCFAs for CPT code 97750 MT on 5/20/03 and 7/08/03 in accordance with Rule 133.307 g (3) and j (1). Therefore, **reimbursement is not recommended.**

The request for reimbursement is denied as outlined above, and the Medical Review Division declines to issue an Order in this dispute.

This Findings and Decision is hereby issued this 15th day of October 2004.

Regina L. Cleave
Medical Dispute Resolution Officer, Medical Review Division
RLC/rlc

NOTICE OF INDEPENDENT REVIEW DETERMINATION

MDR Tracking Number: M5-04-1304-01
IRO Certificate Number: 5259

March 2, 2004

An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

___ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to ___.

Sincerely,

CLINICAL HISTORY

___, a 45-year-old female, sustained injuries to her lower back while working as a supervisor for ___. She was repetitively pushing a dolly when she developed some lower back pain, radiating down the right posterior thigh. She sought chiropractic care with Drs. P and K, whose initial assessment was lumbar disc disorder with myelopathy, nerve root compression, lumbar sprain/strain with segmental dysfunction. X-rays were taken and were negative. She revealed a history of low back injury in 1996, however did not have any pain prior to the incident. She was placed on a conservative care régime consisting of spinal manipulation with adjunctive physiotherapeutic modalities multiple times a week for several weeks. Medical co-management was provided by Dr. S, his impression was lumbar spine sprain/strain and disc herniation, he prescribed Darvocet and Soma. Patient was off work until 1/3/03 when she was returned to light duty. MRI of the lumbar spine was obtained on 2/10/03. This revealed a 15% left wedging of T12, mild annular bulging at L5/S1 with minimal anterior dural sac deformity. EMG studies were obtained on 3/20/03 and these were normal. The patient was seen for designated doctor purposes on 6/12/03. Complaints about time were of low back pain, primary right hip and buttock occasionally into the thigh. He felt the patient was at MMI with 5% whole person impairment rating.

REQUESTED SERVICE(S)

Medical necessity of therapeutic procedures, office visits, joint mobilization, myofascial release, manual traction, analysis of computer data, range of motion between 4/17/03-7/30/03.

DECISION

There is no establishment of medical necessity for the above services.

RATIONALE/BASIS FOR DECISION

The standard of medical necessity in Workers Comp, according to the Texas labor code 408.021 (entitlement to medical benefits) is that an employee who sustained a compensable injury is entitled to all healthcare reasonably required by the nature of the injury as and when needed. The employee is specifically entitled to healthcare that: (1) cures or relieves the effects naturally resulting from the compensable injury; (2) promotes recovery; or (3) enhances the ability of the employee to return to or retain employment.

The documentation from Dr. K fails to identify that chiropractic or other care provided at this point satisfies any of the above three mandates of medical necessity. There is no clear progression / response / deviation to the program is indicated by the documentation to support continuing care.

The records all appear to be of the computerized, "canned" variety. They are repetitious, contain minimally clinically useful information and do not show significant progress / substantive change in treatment. Unfortunately this provides precious little clinical insight as to the patient's status, progression or improvement / response to care. Subjective complaints and objective findings remain essentially the same throughout without documented indication that continued care is providing any dramatic change to the clinical picture.

Joint mobilization was billed in conjunction with manual traction, on each date of service. Manual traction is a form of joint mobilization / joint mobilization is considered to be an integral aspect of manipulation. These two services are synonymous with each other. Generally, in a chiropractic setting (in the work comp arena), an office visit is inclusive of joint mobilization / manipulation. There is no rationale or indication provided as to how these therapies were distinct or separate from one another, or which type of therapeutic effect was provided that differentiated one from another. It does not seem reasonable to continue with joint mobilization / manual traction at a point 3 months into the treatment course in conjunction with active exercises.

A period of therapeutic activities / exercises is appropriate. According to the billed amounts, this patient underwent essentially an hour to an hour and a half of one-on-one exercises. However, an exercise program is usually undertaken as part of a sequential course of care, there is no rationale or indication for why it was necessary to engage in an hour to an hour and a half of exercises at intervals of up to 17 days apart at a point three months into treatment.

Patients requiring care which outlasts natural history, in order to receive care which is reimbursable, should identify and document risk factors defending further care necessity. These have not been identified.

In conclusion, continuing chiropractic care appears to be beyond current clinical standards. From the documentation, it does not appear that the patient has made any kind of substantial therapeutic gain or improvement in the disputed date range. A number of different diagnostic / testing interventions have been performed; these have not lead to any apparent deviation in the treatment course, which appears to have continued without any clearly defined goals. The subsequent testing did not demonstrate any degree of definitive subjective or objective improvement with care, indicating that a plateau had been reached prior to 04/17/03. It is a relatively safe to say that, after a period of 3 months and multiple visits of undeviating care, this patient has had more than sufficient opportunity for the possibility of improvement with chiropractic care.

The above analysis is based solely upon the medical records/tests submitted. It is assumed that the material provided is correct and complete in nature. If more information becomes available at a later date, an additional report may be requested. Such information may or may not change the opinions rendered in this evaluation.

Opinions are based upon a reasonable degree of medical probability and are totally independent of the requesting client.