

MDR Tracking Number: M5-04-1549-01

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 1-30-04.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the majority of the medical necessity issues. 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 the only issue** to be resolved. The office visits with manipulation dated 4/24/03, 5/21/03, 6/21/03, 7/7/03 and the lumbosacral support on 5/14/03 **were found** to be medically necessary. The remaining office visits with manipulation, subsequent office visits, electrical stimulation, and chiropractic manipulative techniques from 4/21/03 through 8/4/03 **were not found** to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

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 the lumbosacral support on 5/14/03, and office visits with manipulation on dates of service 4/24/03, 5/21/03, 6/21/03, 7/7/03 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 Decision and Order is hereby issued this 13th day of May 2004.

Regina Cleave
Medical Dispute Resolution Officer
Medical Review Division
RC/rc

March 12, 2004

IRO Certificate# 5259

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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 ____, 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 ___.

CLINICAL HISTORY

Patient is a 40-year-old Hispanic male who sustained an injury to his lower back on ___ when he was using a mobile hoist for his auto/truck transport. His records state that he had a previous compensable injury to his lower back in ___ for which he eventually received a 14% whole-person impairment. When this injury occurred, he returned to his previous doctor of chiropractic and began his conservative care.

REQUESTED SERVICE (S)

Office visits with manipulation (99213-MP), subsequent office visit, manipulations, each additional area (97261), electrical stimulation, unattended (97014), lumbosacral support, flexible (L0500), and chiropractic manipulative technique, 5 areas (98942) for dates of service 04/21/03 through 08/04/03.

DECISION

The office visits with manipulation (99213-MP) for dates of service 04/24/03, 05/21/03, 06/12/03 and 07/07/03 are approved. The lumbosacral support (L0500) is also approved.

The remainder of all services within the date range in question are denied.

RATIONALE/BASIS FOR DECISION

Based on the medical records submitted, it was reasonable and necessary that ___ receive supportive chiropractic spinal adjustments to his lower back at a frequency of approximately once per month for monitoring, particularly since he was being phased back to full-duty employment at the time. Therefore, any office visits with spinal manipulation performed in excess of this frequency were denied. Additionally, so that he could be properly transitioned fully back to work, dispensing a lumbosacral support was also appropriate. However, visits in excess of this frequency at that time – and, without any specific, documented exacerbation – was not medically necessary.

Neither the diagnosis submitted nor the mechanism of injury in this case supported chiropractic manipulations being performed to more than one area; therefore, submission of multiple “extra spinal manipulations” was not medically necessary. In addition, the chiropractic manipulative therapy, 5 areas (98942) for date of service 08/04/03 was denied for the same reason.

Insofar as the unattended electrical stimulations (97014) were concerned, they were denied in their entirety because the daily records submitted failed to document flare-ups that would otherwise warrant the application of a modality so displaced from the date of injury.