

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

SOAH DOCKET NO. 453-04-4717.M5

MDR Tracking Number: M5-04-1652-01

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 January 23, 2004.

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 with manipulation, myofascial release, electrical stimulation, iontophoresis, manual traction and chiropractic manual treatment 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 01-31-03 to 09-08-03 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 12th day of March 2004.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

PR/pr

NOTICE OF INDEPENDENT REVIEW DECISION

Date: March 11, 2004

MDR Tracking #: M5-04-1652-01
IRO Certificate #: 5242

_____ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced 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 proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a chiropractic physician reviewer, who has an ADL certification. The reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or

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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 this case.

Clinical History

This case involves a claimant who was injured while on-the-job on _____. Allegedly, the claimant injured her low back while lifting a box of detergent. The claimant was initially diagnosed with a lumbar sprain/strain by _____ at _____. She was given prescriptions for pain/inflammation and was returned to work with restrictions. The claimant began chiropractic care under _____ on 01/16/02. _____ diagnosed the claimant with a lumbar sprain/strain, lumbar discopathy, and myalgia. _____ provided chiropractic treatments to the claimant approximately 80 times over the following 20 months. A MRI dated 02/08/02 revealed disc bulges at L3/4, L4/5, and L5/S1 and a concentric tear in the posterior annulus of L4/L5. NCV testing on 02/19/02 revealed lower extremity nerve dysfunction. On 02/27/02 a Lumbar ESI was performed which the claimant some short term relief. An FCE performed on 03/22/02 rated the claimant sedentary to light according to the Dictionary of Occupational Titles. A repeat NCV study dated 11/19/02 revealed lower extremity nerve dysfunction. An RME and FCE were performed by _____ on 04/04/03 indicating the claimant to be at a medium occupational ability. On 11/11/03 the claimant received lumbar facet steroid injections which produced some short-term relief. On 12/04/03 radiofrequency neurotomies were performed that produced some relief. As of 12/11/03 the claimant's subjective pain level (0 to 10) was down from 6/8, where it had consistently been, to 4/5.

Requested Service(s)

I have been asked to present a decision regarding the medical necessity of office visits with manipulation (99213-MP), myofascial release (97250), electrical muscle stimulation (97032), iontophoresis (97033), manual traction (97122), and chiropractic manual treatment (98940) rendered to the claimant from 01/31/03 through 09/08/03.

Decision

Based on the information contained within the submitted documentation, the office visits with manipulation, myofascial release, electrical muscle stimulation, iontophoresis, manual traction, and chiropractic manual treatment rendered to the claimant from 01/31/03 through 09/08/03 were not medically necessary.

Rationale/Basis for Decision

Office visits with manipulation (99213-MP) - In regard to the evaluation/management part of this code, the documentation offers no evidence that this level of service took place on the dates at hand. Also, this level of evaluation/management (E/M) (99213) is not customarily performed more than once during a 4-week period treatment. In regard to the manipulation portion of the code, the documentation offers no objective or subjective justification for continuation of this service 13 months post-injury. _____ explained that his care offered the claimant "relief" as per Texas Labor code 408.021. However, after approximately 70 chiropractic treatments prior to the dates of service in dispute, the claimant continued to rate her pain as 6 to 7 on a 0 to 10 subjective scale.

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Myofascial release (97250) - Myofascial release is used to break up myofascial adhesions and is typically not used for more than 8 weeks post-injury. The documentation does not describe the claimant as having myofascial adhesions, nor does it offer any objective justification for the continuation of myofascial release 13 months post-injury.

Electrical muscle stimulation (97032) - Electrical muscle stimulation is typically used to reduce neuromuscular pain and to fatigue muscles, thus reducing spasm. This modality is not typically used beyond the initial phase (first 4 weeks) of treatment. Again, the documentation offers no objective information to support or justify the prolonged use of this modality 13 months post-injury.

Iontophoresis (97033)- Iontophoresis is the use of ultrasonic waves to drive certain chemical substances into soft tissues from the skin surface for therapeutic benefit. This modality of treatment is not typically used beyond the initial phase (first 4 weeks) of treatment. Not only does the documentation not offer objective justification for this service 13 months post-injury, but also, there is no indication or description of what substance or settings were used during the treatment.

Manual traction (97122)- This procedure is typically used to produce axial distraction of a motion segment or group of motion segments in order to reduce compression fixations. This service is not typically performed for more than 8 weeks post-injury. The documentation offers no objective or subjective justification for continuation of this service 13 months post-injury.

Chiropractic manual treatment (98940)- This service is typically performed to correct skeletal misalignments or improve articular mobility. This service is not usually performed beyond 8 weeks post-injury without objective reasoning for continuation (i.e. steadily improving range of motion). The documentation offers no objective or subjective justification for this service to be performed 13 months post-injury or for this service to be performed on the same treatment date as 99213-MP. Also, this code (98940) is not recognized as reimbursable by the TWCC.