

MDR Tracking Number: M5-04-1950-01

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 March 2, 2004.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the majority of 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.

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, reevaluation with manipulation (99213-MP), office visits, extended problem-focused with manipulation (99213-MP), chiropractic manipulative treatment (98940), and disability evaluation from 02-10-03 through 09-11-03 **were** found to be medically necessary. The medical interpretation of developmental tests (99178) on 04-28-03 **was not** found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

This Findings and Decision is hereby issued this 26th day of May 2004.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

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 dates of service 02-10-03 through 09-11-03 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 Order is hereby issued this 26th day of May 2004.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division
PR/pr

April 30, 2004

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IRO Certificate # 5259

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 was a 35-year-old male who injured his lower back while employed as a stocker at ___ on ___. Reportedly on that date, he was repeatedly lifting boxes in a limited workspace when he felt a sudden pain in his lower back. After several months of prescription-only medical treatment, he secured a change of treating doctors and presented himself to a doctor of chiropractic. He then underwent physical therapy, therapeutic exercise and chiropractic adjustments and was eventually deemed at MMI on 03/20/03 by ___, receiving a 10% whole-person impairment.

REQUESTED SERVICE (S)

Office visits, reevaluation with manipulation (99213-MP), office visits, extended problem-focused with manipulation (99213-MP), chiropractic manipulative treatment (98940), administration and medical interpretation of developmental tests (99178) and disability evaluation (99455-WP) for dates of service 02/10/03 through 09/11/03.

DECISION

The service described as “medical interpretation of developmental tests” (99178) is denied.

All remaining services are approved.

RATIONALE/BASIS FOR DECISION

According to the documentation supplied, the 99178 service reported on 04/28/03 consisted of a face-to-face review of the patient’s FCE by the treating doctor. As this service is a component of the Evaluation and Management code (E/M) that was already reported on that date of service, the medical necessity of this separate and distinct code is not supported.

Insofar as the remainder of the services provided were concerned, the documentation submitted adequately established their medical necessity because: 1) It was established that a compensable injury had occurred, 2) MRI studies confirmed the presence of a lesion at L4-5 with anterior thecal sac compression, 3) electrodiagnostic testing performed both in April 2001 and again in January 2003 confirmed bilateral distal peroneal and tibial neuropathies, 4) it is incumbent on the treating doctor to determine when and if an injured worker is at maximum medical improvement and whether or not an impairment is present, and finally 5) the record adequately documented that the patient benefited from chiropractic care. Based on these findings – as well as the fact that the carrier denied work-hardening and surgical intervention – the supportive care provided by ___ during this time frame was reasonable and necessary.