

MDR Tracking Number: M5-04-2581-01

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 April 16, 2004.

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 visit (99204) on 05-21-03, special report (99080) on 05-21-03 and follow up office visit (99213) on 05-23-03 **were found** to be medically necessary. The reviewer agrees that all the remaining services **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 dates of service 05-21-03 and 05-23-03 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 30<sup>th</sup> day of June 2004.

Patricia Rodriguez  
Medical Dispute Resolution Officer  
Medical Review Division  
PR/pr

September 20, 2004

MDR Tracking #: M5-04-2581-01  
IRO #: 5284

\_\_\_ 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.

This case was reviewed by a licensed chiropractor. 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

\_\_\_ was injured on \_\_\_ during a lifting accident at work. He was provided a course of treatment with \_\_\_ and \_\_\_. He was impaired on 1/8/01 by \_\_\_ with a 9% WP impairment. A TWCC 53 was approved on 5/14/03. \_\_\_ reported to \_\_\_, DC on 5/21/03 complaining of "low back pain and radiating pain to gluteal region...He reports he has been in good health until several days ago when his back started to hurt again...he has not lifted heavy material or had recent trauma to his lower back." He was diagnosed with lumbar IVD syndrome and radiculitis. Treatment was to consist of manipulation, passive therapies and active therapies. An interesting statement is noted on page three of the initial examination under 'recommendations', "orthopedic evaluation and MRI of the lumbar spine when symptoms do not improve." The handwritten notes of the same date (5/21/03) indicate that \_\_\_ is ordering a MRI on that date despite the patient not having had a chance to improve. The notes do not have any visual analog scale or any other tracking data with which to track patient improvement.

#### DISPUTED SERVICES

Office or outpatient visit for the evaluation of a new patient, required reports, myofascial release, massage therapy, electrical stimulation unattended, prolonged physical service, office visit for established patient, joint mobilization, therapeutic activities as denied by carrier for non-medical necessity with "V" codes.

#### DECISION

The reviewer disagrees with previous adverse determination of the office visit (99204) on 5/21/03, the special report (99080) on 5/21/03 and with the follow up office visit (99213) on 5/23/03.

The reviewer agrees with the previous adverse determination regarding all remaining services.

BASIS FOR THE DECISION

Regarding the initial office visit, \_\_\_ has the obligation to determine the medical status of a patient who has switched to him via an approved TWCC 53. The reviewer indicates that the 99080 special report was necessary to determine work status. Lastly, the reviewer indicates that the 99213 on 5/23/03 was medically necessary to follow-up with the patient and inform him of test results and prognosis. However, the reviewer indicates that medical necessity was not established for the remaining treatments as per TLC §408.021 in the fact that treatment did not cure or relieve the effects naturally resulting from the compensable injury (as documentation was poor and causality could not be established), promote recovery (no VAS, etc), or enhance the ability of the employee to return to or retain employment (as the patient was not removed from work).

\_\_\_ 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 \_\_\_, Inc, dba \_\_\_, 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.

Sincerely,