

MDR Tracking Number: M5-04-2635-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 titled Medical Dispute Resolution of a Medical Fee Dispute, 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 April 22, 2004.

The Medical Review Division has reviewed the IRO decision and determined that the **requestor prevailed** on the issues of medical necessity. The data analysis, office visits, manual traction, cervical manipulation, electrical stimulation, joint mobilization, special reports, chiropractic manipulative treatment, and prolonged physician services from 05-27-03 through 11-11-03 **were** medically necessary. The 64999-unlisted procedure from 05-27-03 through 07-21-03 **was not** medically necessary. 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.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 09-27-04, 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.

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Max. Allowable Reimbursement)	Reference	Rationale
05-07-03	97260 97122 97265 97014 64999-22	\$38.00 \$35.00 \$45.00 \$20.00 \$250.00	\$0	D	\$35.00 \$35.00 \$43.00 \$15.00 DOP	1996 MFG	The requestor nor the carrier submitted copies of original EOB's. However, the requestor submitted convincing evidence of carrier receipt of the providers' request for EOB's. Therefore, recommend reimbursement

							<p>in the amount of \$128.00 for CPT codes 97260, 97122, 97265, and 97014.</p> <p>Relevant information (i.e. redacted EOBs- with same or similar services- showing amount billed is fair and reasonable) was not submitted by the requestor to confirm that \$250.00 for CPT code 64999-22, is their usual and customary charge for this service. Therefore, reimbursement is not recommended for this service.</p>
DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Max. Allowable Reimbursement)	Reference	Rationale
05-13-03	97260 97122 97265 97014 64999-22	\$38.00 \$35.00 \$45.00 \$20.00 \$250.00		D	\$35.00 \$35.00 \$43.00 \$15.00 DOP	1996 MFG	<p>The requestor nor the carrier submitted copies of original EOB's. However, the requestor submitted convincing evidence of carrier receipt of the providers' request for EOB's. Therefore, recommend reimbursement in the amount of \$128.00 for CPT codes 97260, 97122, 97265, and 97014.</p> <p>Relevant information (i.e. redacted EOBs- with same or similar services- showing amount billed is fair and reasonable) was not submitted by the requestor to confirm that \$250.00 for CPT code 64999-22, is their usual and customary charge for this service. Therefore, reimbursement is not recommended for this service.</p>
11-11-03	G0283	\$30.00	\$0.00	No EOB	\$15.81	Medicare Fee Schedule Rule 134.202	Neither the requestor nor the respondent submitted EOB's for CPT Code G0283. Therefore, the service rendered on 11-11-03 will be reviewed in accordance with Rule 134.202 effective 8-1-03.

							Since the carrier did not provide a valid basis for the denial of this service, reimbursement is recommended in the amount of \$15.81.	
11-25-03	99090	\$110.00	\$0.00	G	DOP	Medicare Fee Schedule Rule 134.202	CPT code 99090 was denied by the carrier with "G", unbundling. This code reports a procedure, service or supply that is not covered or valid for Medicare. Rule 134.202 (b) states: "for coding, billing, reporting, and reimbursement of professional medical services, Texas Workers' Compensation system participants shall apply the Medicare program reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies in effect on the date a service is provided with any additions or exceptions in this section." Therefore, reimbursement is not recommended.	
TOTAL		\$916.00						The requestor is entitled to reimbursement of \$271.81.

ORDER

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) and in accordance with Medicare program reimbursement methodologies for dates of service after August 1, 2003 per Commission Rule 134.202 (b); 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 for dates of service 05-07-03 through 11-11-03 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 8th day of November 2004.

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

June 16, 2004

David Martinez
TWCC Medical Dispute Resolution
4000 IH 35 South, MS 48
Austin, TX 78704

Patient:
TWCC #:
MDR Tracking #: M5-04-2635-01
IRO #: 5251

Ziroc 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 Ziroc for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

Ziroc 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.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Doctor of Chiropractic. The reviewer is on the TWCC Approved Doctor List (ADL). The Ziroc 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 Ziroc 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

The documentation denotes that the patient was working at ___ as a teacher. When she was in the hall talking to the vice principal, a student walked between them and the student hit her left shoulder with his right shoulder, causing immediate pain in her left shoulder, neck, and lumbar area. She twisted her lower back and lost her balance but did not fall. Her pain progressively got worse, she went to a ___ facility, and saw Dr. A where she was evaluated, x-rayed, and given an injection for the pain and other oral medications. She went to see Dr. V. She has been seeing him since October of 2002 and is apparently continuing to see him at this time. Dr. Vs current diagnosis is cervical brachial neuritis or radiculitis, displacement of cervical intervertebral disc without myelopathy, displacement of thoracic intervertebral disc without myelopathy, muscle spasm of associated areas, and closed dislocation of the lumbar vertebrae.

An MRI of the left shoulder was negative. An MRI of the cervical spine denoted straightening of the lordosis that may reflect muscular pain or spasm only. Electrodiagnostic testing of the upper extremities, not to include EMG, denoted evidence of left carpal tunnel syndrome. The patient has had epidural steroid injections in the thoracic spine.

DISPUTED SERVICES

Under dispute is the medical necessity of data analysis, office visits, 64999 unlisted procedure (nervous system), manual traction, cervical manipulation, electrical stimulation, joint mobilization, special reports, chiropractic manipulative treatment, and prolonged physician service from 5/27/03 through 11/11/03 regarding this patient.

DECISION

The reviewer disagrees with the prior adverse determination for all services except 64999-22 and 99090.

BASIS FOR THE DECISION

The documentation provided does show that most of the procedures were performed, with the exception of a 64999-22, which in the CPT manual is denoted as being an unlisted procedure of the nervous system. Nowhere in the documentation on the dates of 5/27/03, 6/12/03, 6/17/03, 6/19/03, 6/27/03, 7/21/03, is there substantiation of this procedure having been performed and described appropriately with intent. Another code that was used is a 99090, which is analysis of data stored in computers. This is normally documentation found in a machine such as an EKG, EEG, etc. It appears to have been used here to review narratives of neurosurgical consultations from Dr. R. This is an inappropriate use of this particular code and is, therefore, unsubstantiated. The dates of this coding are found on 5/30/03, 9/29/03, and 11/10/03.

Overall, this case appears to have gone on for an inordinate amount of time, however the reviewer notes that the diagnosis kept evolving as this case progressed. The documentation does denote some progress, albeit very little. The patient has gone from approximately 80% to 87% based on the documentation provided with respect to the lumbosacral area. The shoulder complaint has gone from approximately 65% to 75%.

Again, to reiterate, after review of the dates of service of 5/27/03 through 11/11/03, all services appear to be substantiated and medically necessary, except for 64999-22 and 99090.

Ziroc has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Ziroc has made no determinations regarding benefits available under the injured employee's policy

As an officer of ZRC Services, Inc, dba Ziroc, I certify that there is no known conflict between the reviewer, Ziroc and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Ziroc is forwarding this finding by US Postal Service to the TWCC.

Sincerely,