

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 22, 2004.

The IRO reviewed CPT Codes 99213 and 97110 and HCPCS Codes E0745 and A4556 for dates of service 05/20/03 through 09/26/03 that were denied based upon "U".

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

The IRO reviewer concluded that CPT Codes 99213 and 97110 from 05/20/03 through 09/26/03 **were** found to be medically necessary. The IRO reviewer concluded that HCPCS Codes E0745 and A4556 for dates of service 05/20/03 through 08/27/03 **were not** found to be medically necessary. The respondent raised no other reasons for denying reimbursement for CPT Codes 99213 and 97110 and HCPCS Codes E0745 and A4556.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved.

On July 23, 2004, 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.

- CPT Code 99213 for date of service 05/20/03 denied as "N". Per the 1996 Medical Fee Guideline, E & M Ground Rule (IV)(C)(2) and CPT descriptor the submitted SOAP notes does not support the level of service billed. Reimbursement is not recommended.
- CPT Code 99213-MP (3) for date of service 07/16/03 through 07/25/03 denied as "N". Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(B)(1)(b) submitted SOAP notes support a manipulation was

administered. Reimbursement in the amount of \$144.00 (\$48.00 x 3) is recommended.

- CPT Code 98940 for date of service 08/11/03 denied as “N”. Per Rule 134.202(b) submitted SOAP notes support a manipulation was administered. Reimbursement in the amount of \$30.14 (\$24.11 x 125%) is recommended.
- CPT Code 97250 for date of service 08/27/03. Neither party submitted an EOB for this CPT code; therefore, this code will be reviewed according to Rule 134.202. Per the Medicare Fee Schedule and the Ingenix EncoderPro this code is invalid. Per Rule 134.202(b) reimbursement is not recommend.
- CPT Code 97035 for date of service 08/27/03 denied as “G”. The carrier did not specify which code this was global to; therefore, per Rules 133.304 (c ) and 134.202(a)(4) reimbursement in the amount of \$14.21 (\$11.37 x 125%) is recommended.
- CPT Code 97014 for dates of service 08/27/03, 09/02/03, and 09/04/03 denied as “G”. The carrier did not specify which code this was global to; however, per the Medicare Fee Schedule and the Ingenix EncoderPro this is an invalid code. Per 134.202(b) reimbursement is not recommended.
- CPT Code 97014 for dates of service 09/02/03, and 09/04/03 denied as “F”. Per the Medicare Fee Schedule and the Ingenix EncoderPro this is an invalid code. Per 134.202(b) reimbursement is not recommended.
- CPT Code 97110 for date of service 08/27/03 denied as “F”. Recent review of disputes involving CPT Code 97110 by the Medical Dispute Resolution section indicate overall deficiencies in the adequacy of the documentation of this Code both with respect to the medical necessity of one-on-one therapy and documentation reflecting that these individual services were provided as billed. Moreover, the disputes indicate confusion regarding what constitutes "one-on-one." Therefore, consistent with the general obligation set forth in Section 413.016 of the Labor Code, the Medical Review Division has reviewed the matters in light all of the Commission requirements for proper documentation. The MRD declines to order payment because the SOAP notes do not clearly delineate exclusive one-on-one treatment nor did the requestor identify the severity of the injury to warrant exclusive one-to-one therapy. Additional reimbursement not recommended.

- CPT Code G0283 for date of service 09/10/03 denied as “F”. Per Rule 134.202(b) and the Medicare Fee Schedule reimbursement in the amount of \$14.92 is recommended.

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 outlined above as follows:

- in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) for dates of service through July 31, 2003;
- in accordance with Medicare program reimbursement methodologies for dates of service after August 1, 2003 per Commission Rule 134.202 (c);
- 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 05/20/03 through 09/26/03 as outlined above 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 4TH day of November, 2004

Marguerite Foster  
Medical Dispute Resolution Officer  
Medical Review Division

MF/mf  
Enclosure: IRO decision

June 28, 2004

Rosalinda Lopez  
Texas Workers' Compensation Commission  
Medical Dispute Resolution  
Fax: (512) 804-4868

Re: Medical Dispute Resolution  
MDR #: M5-04-2641-01  
TWCC#:  
Injured Employee:  
DOI:

SS#:  
IRO Certificate No.: 5055

Dear Ms. Lopez:

\_\_\_ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, \_\_\_ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am \_\_\_ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is certified in Chiropractic Medicine and is currently on the TWCC Approved Doctor List.

### **REVIEWER'S REPORT**

#### **Information Provided for Review:**

TWCC-60, Table of Disputed Services, EOB's  
Information provided by Requestor: office notes, TWCC 73's, treatment logs, Rx, evaluations, work hardening notes.  
Information provided by Respondent: correspondence and physical therapy notes.

#### **Clinical History:**

This claimant is a 27-year-old male who injured his back in a work-related event that occurred on \_\_\_. Initially, the claimant felt sore but was able to complete his shift of employment. After reporting the injury to his supervisor, the worker returned his truck and was taken to a medical center, where he was diagnosed with a low back contusion/strain; lifting restrictions were imposed, and the claimant was returned to work.

On 05/09/03, the claimant consulted a chiropractor and was placed on a schedule of passive physical therapy applications that included moist heat, interferential, ultrasound, manipulation, and soft tissue mobilization. The worker was diagnosed with lumbar facet syndrome, strain/sprain thoracolumbar spine, and strain/sprain lumbar spine. Radiographic series of the right knee, thoracic spine, and lumbar spine were unremarkable for osseous pathology. Lumbar MR imaging performed on 06/24/03 revealed mild facet arthrosis from L3 through S1, mild bony overgrowth at right L4/5 facet joint, and no evidence of discopathology.

Evaluation with a D.O. on 07/08/03 revealed the claimant was an excellent candidate for a trial of facet injections followed by physical therapy to the L3/4, L4/5, and L5/S1 motion segments. Facet injection series at the right L3/4, L4/5, and L5/S1 motion segments

were performed on 09/03/03; rehabilitation/physical therapy services were recommended. The claimant completed a second trial of facet injections on 12/11/03 on the left L3/4, L4/5, and L5/S1 motion segments.

**Disputed Services:**

Neuromuscular stimulation-shock unit, office visits, electrodes-pair and therapeutic exercise during the period of 05/20/03 through 09/26/03.

**Decision:**

The reviewer partially agrees with the determination of the insurance carrier. The neuromuscular stimulator-shock unit and electrodes-pair were not medically necessary. The office visits and therapeutic exercise during the period of 05/20/03 through 09/26/03 were medically necessary in this case.

**Rationale:**

The claimant suffered an accident on \_\_\_\_ that resulted in injury to his lumbar spine. The mechanism is not clear in the reviewed medical record. This claimant was originally placed into a strain/sprain therapeutic algorithm that warranted the application of conservative passive therapies with a transition to active management; a controlled trial of 6-8 weeks appeared appropriate.

Following conservative management, the claimant had MR imaging of the lumbar spine on 06/24/03 that revealed pain generators over the lumbar spine to include facet arthrosis from L3-S1. MR Imaging of the lumbar spine warrants a transition to invasive pain controls in an evaluation by a D.O. on 07/08/03. In this evaluation recommendations were made for the claimant to undergo a trial of facet injections for greater pain control of the lumbar spine followed by physical therapy services. On 08/20/03, facet injections were administered to the claimant over the lumbar spine particularly L3/4, L4/5, L5/S1.

The carrier's rationale for the denial of durable medical equipment (MÉRY) that include neuromuscular stimulator and electrode-pair is well-based. There is no medical record provided to establish a medical need for the application of this equipment. No controlled trials have occurred. There is no measure of efficacy of this equipment in the control of the claimant's current pain generators.

The carrier has not provided any medically appropriate data to support the premise of denial of the provider's utilization of office visits and therapeutic exercises in the management of this claimant. The treating provider activated multidisciplinary model of care early in the management of this claimant in the treatment provided from 05/20/03 through 09/26/03 in reference to office visits and therapeutic exercises is appropriate in the management of this claimant's condition.

The afore-mentioned information has been taken from the following guidelines of clinical practice and/or peer reviewed references.

- Falco, F. J. *Lumbar Spine Injection Procedures in the Management of Low Back Pain*. *Occup Med.* 1998 Jan-Mar; 13 (1): 121-49.
- Haigh, R. et al. *Effectiveness of Rehabilitation For Spinal Pain*. *Clin Rehabil.* 1999; 13 suppl 1: 63-81

- Manchikanti, L. *Facet Joint Pain in The Role of Neural Blockade and Its Management*. Curr Rev Spin. 1999; 3 (5): 348-358.
- *Overview of Implementation of Outcome Assessment Case Management in the Clinical Practice*. Washington State Chiropractic Association; 2001 54p.

Sincerely,