

MDR Tracking Number: M5-04-3607-01

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 June 24, 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 is not the only issue** to be resolved. The disputed issues contained in this dispute are: CPT Codes 97010, 99213, 99213-MP, 97014, 97035, 97014/G0283, 97250, 97033, and 98940; and HCPCS Code A4566 for dates of service 06/30/03 through 09/15/03. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On the matters of medical necessity, the office visits with manipulation (99213-MP) for dates of service 07/21/03 through 07/25/03 and the chiropractic manipulative therapies (98940) for dates of service 08/08/03 through 08/29/03 **were found to be medically necessary**.

The office visits (99213), myofascial release (97250), electrical stimulation (97014/G0283) hot/cold packs (97010), ultrasound (97035) therapeutic exercises (97110), hot/cold packs (97010), electric stimulation (97032), manual therapy (97140) and HCPCS code A4566 for dates of service 06/30/03 through 09/15/03 **were not found to be medically necessary**.

The respondent raised no other reasons for denying reimbursement for the disputed issues.

On August 10, 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 07/18/03 denied as "F, 56". Per the 1996 Medical Fee Guideline, Evaluation & Management Ground Rule (VI)(B) reimbursement in the amount of \$48.00 is recommended.
- CPT Code 99213 for date of service 08/22/03. The carrier submitted an EOB showing payment was made for this date of service. The health care providers

billing agent was contacted on 10/01/04 and it was confirmed that payment had been made. Therefore, this CPT code is not longer in dispute and will not be reviewed by Medical Dispute Resolution.

- CPT Code 99243 denied as “F” for date of service 07/22/03. Per Rule 133.307(e)(2)(A) the HCFA-1500 was not provided for this date of service to support delivery of service; therefore, reimbursement is not recommended.
- CPT Code 99080-73 for dates of service 07/18/03, 08/22/03 and 09/05/03. Per Rules 129.5 and 133.106(f) reimbursement in the amount of \$45.00 (\$15.00 x 3) 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 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 **07/18/03, 07/23/03, 07/25/03, 08/08/03 through 08/29/03 and 09/05/03** 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 Decision and Order is hereby issued this 8th day October 2004.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

MF/mf
Enclosure: IRO decision

MEDICAL REVIEW OF TEXAS
[IRO #5259]
3402 Vanshire Drive Austin, Texas 78738
Phone: 512-402-1400 FAX: 512-402-1012

NOTICE OF INDEPENDENT REVIEW DETERMINATION

TWCC Case Number:	
MDR Tracking Number:	M5-04-3607-01
Name of Patient:	
Name of URA/Payer:	Neuromuscular Institute of Texas
Name of Provider: (ER, Hospital, or Other Facility)	Neuromuscular Institute of Texas
Name of Physician: (Treating or Requesting)	Daniel Brad Burdin, DC

August 6, 2004

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 Texas Medical Foundation, 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

Medical Review of Texas (MRT) 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 MRT.

Sincerely,

Michael S. Lifshen, MD
Medical Director

cc: Rosalinda Lopez, Texas Workers Compensation Commission

CLINICAL HISTORY

Patient is a 27-year-old male construction worker who, on ____, injured his lower back when he lifted a heavy metal pipe and developed pain in his thoracolumbar area. He was originally treated at Concentra Medical Centers on referral from his employer, but eventually presented to a doctor of chiropractic and began physical therapy under his care. He was also referred for a consultation by a doctor within the same medical group, and to an osteopath for injections, also from within the same medical group. The records also state that he was deemed MMI at 0% whole-person impairment on 09/25/03, but it was unclear whether this was by a designated doctor, or by a carrier-requested examiner.

REQUESTED SERVICE(S)

Hot/cold pack therapy (97010), office visits, expanded problem-focused, with and without manipulation (99213 and 99213-MP), manual therapy technique (97140), ultrasound therapy (97035), electrical stimulation, unattended (97014/G0283), dispensed electrodes (A4566), myofascial release (97250), iontophoresis (97033), and chiropractic manipulative therapy (98940) for dates of service 06/30/03 through 09/15/03.

DECISION

The office visits, with manipulation (99213-MP) from dates of service 7/21/03 through 7/25/03 are approved, as are the chiropractic manipulative therapies (98940) from 8/8/03 through 8/29/03 are approved.

The remaining services are denied.

RATIONALE/BASIS FOR DECISION

Although the records were devoid of any complicating factors or extenuating circumstances in this case, the records show that the treating doctor continued to perform the same passive therapy modalities and procedures visit after visit – even after four weeks of care – without transition into either a home care program or a supervised active rehabilitation (therapeutic exercise) regimen. This was noted even though a lower thoracic MRI “did not show any findings of a disk herniation or disk bulge.” Therefore, the medical necessity of passive modalities past 06/30/03 including unattended electrical stimulation (97014/G0283), myofascial release (97250), ultrasound

(97035), and hot/cold pack therapy (97010) cannot be supported.

Insofar as the office visits, without manipulation (99213) were concerned, neither the diagnosis in this case, nor the medical records submitted supported the medical necessity of performing an expanded problem-focused evaluation and management service on every patient encounter.

Also, the "daily treatment log" failed to document the medical necessity of iontophoresis performed on that date of service. In fact, the record failed to mention the procedure at all. Therefore, its medical necessity was not supported in the medical records.

Finally, the medical records submitted fail to support why chiropractic spinal adjustments were finally performed on 07/23/03, and then discontinued after 5 sessions. According to the AHCPR¹ guidelines, spinal manipulation was the only recommended treatment that could relieve symptoms, increase function and hasten recovery for adults suffering from acute low back pain.

¹ Bigos S., Bowyer O., Braen G., et al. Acute Low Back Problems in Adults. Clinical Practice Guideline No. 14. AHCPR Publication No. 95-0642. Rockville, MD: Agency for Health Care Policy and Research, Public Health Service, U.S. Department of Health and Human Services. December, 1994.