

TEXAS WORKERS' COMPENSATION COMMISSION
MEDICAL REVIEW DIVISION, MS-48
MEDICAL DISPUTE RESOLUTION
FINDINGS AND DECISION

MDR Tracking Number: M5-04-3715-01

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 6-28-04.

The IRO reviewed massage, hot/cold packs, mechanical traction, therapeutic procedure (exercises), chiropractic manipulation, electrical stimulation, ROM measurements, and DME (lumbosacral orthosis).

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. Consequently, the requestor is not owed a refund of the paid IRO fee.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division. On 10-27-04, 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.

Codes 98940 billed for dates of service 6-18-03 and 6-19-03 were denied as "D – duplicate bill". Neither party submitted the original EOB. The requestor did not submit convincing evidence of request for EOBs as required by rule 133.307 (e)(2)(B). The respondent did not submit the missing EOBs as required by rule 133.307(e)(3)(B). Code 98940 is an invalid code per the 1996 Medical Fee Guideline for dates of service prior to 8-1-03. Therefore, no review can be made and no reimbursement recommended.

Review of codes 97014 and 97110 billed for date of service 6-26-03 reveals that the carrier paid for these services under check #06298684 dated 8-6-03; therefore, no dispute exists.

Review of code 97004 billed for date of service 7-16-03 revealed no EOB submitted by either party. The requestor did not submit convincing evidence of request for EOBs as required by rule 133.307 (e)(2)(B). The respondent did not submit the missing EOBs as required by rule 133.307(e)(3)(B). Code 98940 is an invalid code per the 1996 Medical Fee Guideline for dates of service prior to 8-1-03. Therefore, no review can be made and no reimbursement recommended.

The above Findings and Decision is hereby issued this 31st day of December 2004.

Medical Dispute Resolution Officer
Medical Review Division

Enclosure: IRO Decision

MEDICAL REVIEW OF TEXAS

[IRO #5259]

3402 Vanshire Drive

Austin, Texas 78738

Phone: 512-402-1400

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NOTICE OF INDEPENDENT REVIEW DETERMINATION

REVISION II – 12/15/04

TWCC Case Number:	
MDR Tracking Number:	M5-04-3715-01
Name of Patient:	
Name of URA/Payer:	Better Health Pain & Wellness Center
Name of Provider: (ER, Hospital, or Other Facility)	Better Health Pain & Wellness Center
Name of Physician: (Treating or Requesting)	Brent Wells, DC

September 22, 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: Texas Workers Compensation Commission

CLINICAL HISTORY

Available information suggests that this patient reports experiencing a work related injury to his upper back while turning in his chair on 10/___/00. He was treated initially by a Dr. Mark Lesco and received chiropractic adjustments and physical modalities for 6-8 weeks for thoracic subluxation disorders. The patient apparently moves to Alaska and sees a Dr. Chisholm, but no reports of this are provided for review. A period of approximately 2+ years passes when the patient presents to Brent Wells, DC, on or about 06/16/03. A new condition is reported to include low back pain, chronic thoracic strain and myalgia. A new treatment plan is to include manipulation, therapeutic exercise and multiple passive modalities at 3x per week for 3-5 weeks. MRI appears to be ordered 06/16/03 and is found essentially negative for HNP or neural impingement. Follow-up chiropractic evaluation of 07/14/03 indicates that primary complaints are low back pain and left knee pain that appear to be unrelated to initial work injury. In subsequent reporting, Dr. Wells indicates that the patient is seen by a William Herold, MD, but no reports of this are provided for review. The patient is given a lumbosacral support on 07/03/03 for persisting low back pain.

REQUESTED SERVICE(S)

Determine medical necessity for massage (97124), mechanical traction (97012) therapeutic procedures (97110), chiropractic manipulation (98940), electric stimulation (97014), ROM measurements (95851), hot/cold pack therapy (97010), and lumbosacral orthosis (L0500) for period in dispute 06/12/03 through 07/30/03.

DECISION

Denied.

RATIONALE/BASIS FOR DECISION

Medical necessity for these ongoing treatments and services (06/12/03 through 07/30/03) **are not supported** by available documentation. Ongoing therapeutic modalities of this nature suggest little potential for further

restoration of function or resolution of symptoms (thoracic sprain/strain, subluxation) at 2-3 years post injury. In addition, causal relationship between compensable injuries and current conditions or symptoms are not well established. The patient appears to have begun new employment that is more proximally related to current symptomology. Specifically, lumbosacral orthosis and treatments for low back conditions appear unrelated to compensable injury.

1. Philadelphia Panel Evidence-Based Clinical Practice Guidelines on Selected Rehabilitation Physical Therapy, Volume 81, Number 10, October 2001.
2. Hurwitz EL, et al. The effectiveness of physical modalities among patients with low back pain randomized to chiropractic care: Findings from the UCLA Low Back Pain Study. *J Manipulative Physiol Ther* 2002; 25(1):10-20.
3. Bigos S., et. al., AHCP, Clinical Practice Guideline, Publication No. 95-0643, Public Health Service, December 1994.
4. Harris GR, Susman JL: "Managing musculoskeletal complaints with rehabilitation therapy" [Journal of Family Practice](#), Dec, 2002.
5. Morton JE. Manipulation in the treatment of acute low back pain. *J Man Manip Ther* 1999; 7(4):182-189.
6. Guidelines for Chiropractic Quality Assurance and Practice Parameters, Mercy Center Consensus Conference, Aspen Publishers, 1993.

The observations and impressions noted regarding this case are strictly the opinions of this evaluator. This evaluation has been conducted only on the basis of the medical/chiropractic documentation provided. It is assumed that this data is true, correct, and is the most recent documentation available to the IRO at the time of request. If more information becomes available at a later date, an additional service/report or reconsideration may be requested. Such information may or may not change the opinions rendered in this review. This review and its findings are based solely on submitted materials.

No clinical assessment or physical examination has been made by this office or this physician advisor concerning the above-mentioned individual. These opinions rendered do not constitute per se a recommendation for specific claims or administrative functions to be made or enforced.