

MDR Tracking Number: M5-04-3827-01

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 assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 5-24-04.

The following disputed dates of service were **withdrawn** by the requestor on August 16, 2004 and therefore will not be considered in this review:

CPT code 97014 for dates of service 8/25/23 and 8/27/03.  
CPT code G0283 for dates of service 8/25/23 and 8/27/03.

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

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 following services and dates of service reviewed by the IRO **were found** to be medically necessary:

- **CPT code 99213-MP**: Level III office visits with manipulation on 6/30/03, 7/3/03, 7/10/03, 7/14/03, and 8/27/03.
- **CPT code 97012**: Mechanical traction on 6/30/03, 7/3/03, 7/10/03, 7/14/03, and 8/27/03.
- **CPT code 97250**: Myofascial release on 6/30/03, 7/3/03, 7/10/03, 7/14/03, and 8/27/03.
- **CPT code 97014**: Electrical Stimulation on 6/30/03, 7/3/03, 7/10/03, 7/14/03, and 8/27/03.
- **CPT code 98940**: Chiropractic manipulative treatment (spinal) on 8/27/03.

- **CPT code 97140-59**: Manual therapy technique on 8/27/03.

The following services and dates of service reviewed by the IRO **were not found** to be medically necessary:

- **CPT code 99213 MP**: Level III office visit with manipulation on 7/2/03 and 7/9/03.
- **CPT code 97250**: Myofascial release on 7/2/03 and 7/9/03.
- **CPT code 97014**: Electrical Stimulation on 7/2/03 and 7/9/03.
- **CPT code 98940**: Chiropractic manipulative treatment (spinal) on 8/25/03.
- **CPT code 97012**: Mechanical traction on 7/2/03, 7/9/03, 8/25/03 and 8/27/03.
- **CPT code 97140-59**: Manual therapy technique on 8/25/03.

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 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 (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 to dates of service 6/30/03 through 8/27/03 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 Decision and Order is hereby issued this 28<sup>th</sup> day of September 2004.

Regina L. Cleave  
Medical Dispute Resolution Officer  
Medical Review Division

August 2, 2004  
Amended August 18, 2004

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

Patient:  
TWCC #:  
MDR Tracking #: M5-04-3827-01  
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

\_\_\_ was injured on the job on \_\_\_ when he was driving a company vehicle and was sideswiped on the left side. He initially sought care for neck pain, bilateral arm pain and headaches on 12/30/02. He was initially seen by Dr. B, D.O. and prescribed medication and removed from work.

He then saw Dr. V, DC on 12/31/02. He was examined and treatment began, consisting of spinal manipulation, therapeutic modalities, myofascial release and cervical traction. He underwent extended care including eight weeks of work hardening and was placed back at work without restrictions on 10/08/2003.

#### DISPUTED SERVICES

The only dates of service in question are from 6/30/03 through 8/27/03. There were approximately fifteen visits to Dr. V during that time; however only 6/30, 7/2, 7/3, 7/9, 7/10, 7/14, 8/25 and 8/27 are in dispute. Services in question are manual therapy techniques, office

visits with manipulation, chiropractic manipulative treatment, mechanical traction, electrical stimulation and myofascial release.

## DECISION

The reviewer disagrees with the prior adverse determination regarding dates of service 6/30, 7/3, 7/10, 7/14 and 8/27. The care provided on all other disputed dates of service was not found to be medically necessary.

## BASIS FOR THE DECISION

The reviewer has been through the entire medical record. \_\_\_ obviously had a significant cervical spine injury with aggravation to two pre-existing bulges and a new bulge directly contributable to the motor vehicle collision of \_\_\_. The clinical record is consistent and well-documented. It appears great care was taken in the management of this patient with exception of the following:

The reviewer utilized the Croft Guidelines for the management of Cervical Acceleration/Deceleration (CAD) Trauma, and to his knowledge there are no other competing guidelines, however the Canadian guidelines are nearly identical to Croft's. Otherwise, for this particular injury there are no guidelines in existence that are as useful as Croft's. Based on Croft's formula, this patient would be placed into the Category IV injury. This is based on the specific objective data present with \_\_\_. Using Category IV data, care would be necessary at a rate of daily for up to 2-3 weeks, three times per week up to 19 weeks, twice per week up to an additional twelve weeks, once per week for an additional 20 weeks. Moreover, Category IV injuries usually require long-term management consisting of medications, periodic reinstatement of manipulation and physical therapy and at times surgical consultation. Based on these guidelines, the Zirc reviewer's recommendation for denial on those specific dates is due to timelines. This patient continued at a rate of three times per week from 6/30/03 through 7/3/03, again 3x per week the following week of 7/7/03 through 7/10/03, although 7/7 is not in dispute. The Croft Guidelines would allow for care at the rate of 2x week roughly through July 18, 2003. From 8/25/03 through 8/27/03, care once per week would be recommended.

The above guidelines are simply that. At certain times during a case, a doctor may need to see the patient more frequently or less, depending on the circumstances. Based on review of Dr. V's documentation, the reviewer cannot discern a need for care outside Croft's guidelines. If there had been a documented exacerbation or extenuating need for more care, the reviewer's finding would differ. \_\_\_ was a concurrently being seen for work hardening under Dr. V's direction. Most of the dates in dispute coincide with dates that \_\_\_ also attended work hardening. The reviewer finds that the guidelines represented would have allowed for ample passive care during the work hardening phase, that being passive at 1x/week. \_\_\_ required more passive care during this time period.

\_\_\_'s mechanism of injury, extent of injury to include aggravation of preexisting disc injury, as well as new disc injury, presenting symptoms, objective and diagnostic testing (including MRI and evaluation of flexion/extension functional x-rays) and a current status, his prognosis is good. This is based on Foreman and Croft's Objective Scales of Prognosis. This means that there is slight chance for surgery in the future, slight chance for need of long-term medication, but a 50-80% chance for long-term residuals such as mild to moderate muscle pain, neck stiffness, headaches and paresthesias into the upper extremities. Further care in this case utilizing the Croft

Guidelines for CAD Trauma would allow for PRN/Supportive care as symptoms and objective status dictate.

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,