

MDR Tracking #M5-05-1540-01

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 1-21-05.

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.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

The IRO reviewed office visits, manual therapy, ultrasound, electrical stimulation, surgical supplies, and chiropractic manipulation denied as "U" and "V" from 1-29-04 through 2-13-04. The office visits from 1-29-04 through 2-13-04 and the manual therapy from 1-29-04 through 1-30-04 **were found** to be medically necessary. The manual therapy from 1-31-04 through 2-13-04, chiropractic manipulation, surgical supplies, electrical stimulation, and ultrasound from 1-29-04 through 2-13-04 **were not found** to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services. The amount due the requestor for the medical necessity issues is \$151.73.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity issues were not the only issues involved in the medical dispute to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 3-7-05 the Medical Review Division submitted a Notice to the 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 97140 on 1-30-04 was denied as "N-not appropriately documented." Requestor did submit relevant documentation to support service rendered per Rule 133.307(g)(3)(B). **Recommend reimbursement of \$31.73.**

CPT code G0283 on 1-30-04 was denied as "N-not appropriately documented." Requestor did submit relevant documentation to support service rendered per Rule 133.307(g)(3)(B). **Recommend reimbursement of \$13.41.**

CPT code 97035 on 1-30-04 was denied as "N-not appropriately documented." Requestor did submit relevant documentation to support service rendered per Rule 133.307(g)(3)(B). **Recommend reimbursement of \$14.81.**

HCPCS Code A4649 on 2-3-04 was denied as "G –The charge was included in another procedure." Per rule 133.304(c) and 134.202(a)(4) carrier didn't specify which service this was bundled with. **Recommend reimbursement per Rule 134.202(c)(1) of \$15.00.**

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 totaling \$226.68 from 1-29-04 through 2-3-04 as follows:

- In accordance with Medicare program reimbursement methodologies for dates of service on or 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 Decision and Order is hereby issued this 5th day of May, 2005

Medical Dispute Resolution Officer
Medical Review Division

Enclosure: IRO decision

Parker Healthcare Management Organization, Inc.
3719 North Belt Line Road, Irving, TX 75038
972.906.0603 972.255.9712 (fax)

April 27, 2005

ATTN: Program Administrator
Texas Workers Compensation Commission
Medical Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100
Austin, TX 78744
Delivered by fax: 512.804.4868

Notice of Determination

MDR TRACKING NUMBER: M5-05-1540-01
RE: Independent review for ____

The independent review for the patient named above has been completed.

- Parker Healthcare Management received notification of independent review on 3.8.05.
- Fax request for provider records made on 3.10.05.
- Received Order for Records from respondent 4.6.05.
- Received all records for review on 4.15.05.
- The case was assigned to a reviewer on 4.19.05.
- The reviewer rendered a determination on 4.26.05.
- The Notice of Determination was sent on 4.27.05.

The findings of the independent review are as follows:

Questions for Review

Items in dispute are office visits 99213, Manual Therapy 97140, Ultrasound 97035, Electric Stimulation G0283, surgical supply (A4649) and Chiropractic Manipulation 98940, all denied with carrier "U" and "V" codes. Dates of service in question are 1/29/04-2/13/04.

Determination

Upon review of all the medical records provided, it is determined to **overturn the denial** of office visits (99213) from 01/29/04 through 02/13/04, Manual Therapy (97140) from 1/29/04-1/30/04, as they were medically appropriate/necessary in the management and treatment of this claimant.

It is determined to **uphold the denial** regarding the implementation of Manual Therapy (97140) from 01/31/04-02/13/04, Chiropractic Manipulation (98940) from 02/11/04 through 02/13/04, surgical supply (A4649) from 1/29/04-2/13/04, Electric Stimulation (G0283) from 01/29/04 through 02/13/04, and Ultrasound from (97035) from 01/29/04-02/13/04 is not medically appropriate and/or necessary in the management of this claimant.

Summary of Clinical History

Mr. ___ was employed by the _____ as a firefighter when he was involved in a work related injury on _____. An injury was sustained while the worker was seating rear-faced in the fire truck and the brakes of the vehicle were applied sudden manner. The force of the brake application caused the head of the worker to strike the back of his chair in a hyperextension motion. Initially the worker did not note any pain from the incident, but within thirty minutes, Mr. ___ began to develop headache pain. There is no record of Emergency Medical Services (EMS) and/or Hospitalization as a result of the worker's injury event on _____.

Mr. ___ presented to the offices of Neuromuscular Institute of Texas and consulted with Brad Burdin DC. The worker noted that his history was significant for a cervical injury approximately 13 years earlier, a possible disc herniation. Brad Burdin DC noted that the claimant presented with a pain intensity of 8/10 on a VAS over the neck and upper back, claimant noted that he had been taking Advil and that the pain was progressively worsening.

On _____, the evaluation with Brad Burdin DC revealed that the claimant showed 50% reduction of AROM in right cervical flexion, 80% reduction of cervical extension, pain over the left/right levator scapulae/upper trapezius musculature; Mr. ___ was diagnosed with hyperextension injury of the cervical spine, sprain/strain of cervical spine, and myospasm of the cervical/thoracic regions. A trial of Chiropractic care was purposed. Radiographic Imaging of the cervical spine performed on 10/09/03 was clinically unremarkable for osseous pathology. Mr. ___ consulted with Mark K. Dedmon PA / Michael Friedberg MD on 10/09/03 who advised a continuation of outpatient therapy and implementation of pain medication. Claimant was removed from work related duties from 10/15/03 through 10/27/03.

Worker returned to the offices of Mark K. Dedmon PA / Michael Friedberg MD of 12/04/03 and was advised to continue with outpatient therapy. MR imaging of the cervical region performed on 12/15/03 revealed modest spondylitic and discogenic changes at C5/6 and C6/7 with no nerve root effect. The worker consulted with the offices of David M. Hirsch DO on 12/16/03, medications were advised and a cervical MR was recommended. Worker returned to the offices of David M. Hirsch DO on 01/15/04 and was advised that the MR of the cervical spine showed no disc compression and that a trigger point injections were warranted; claimant was at full work duty with no restrictions.

On 02/26/04 the offices of Mark K. Dedmon PA / Michael Friedberg MD continued to recommend outpatient therapy with a consult with an orthopedic surgeon. Injured worker was placed at Maximum

Medical Improvement (MMI) by Vernon Drummond DO on 02/04/04 and was assigned a 5% whole person impairment of function.

Mr. ___ consulted with the offices of Morris H. Lampert MD on 05/07/04 a needle EMG of the cervical spine with nerve conduction testing was advised, epidural steroid injections at C5/6 were advised, passive therapeutic were advised, and participation in a chronic pain program was purposed. On 06/15/04 the claimant returned to the offices of Morris H. Lampert MD and identical recommendations for management were made.

Clinical Rationale

The worker was involved in a hyperextension injury that resulted in a strain/sprain of the cervical region. Evaluation of the claimant on 10/09/03 by Brad Burdin DC revealed limited AROM, a time controlled need for therapy was established. An evaluation with Mark K. Dedmon PA / Michael Friedberg MD on 10/09/03 further confirmed a need for therapy. MR imaging on 12/15/03, revealed spondylitic (not caused by the injury event) and no discal pathology. The MRI of the cervical spin confirmed that this worker sustained a strain/sprain injury of the cervical spine.

Typical with most strain/sprain injuries a course of initially passive applications, that transition into active, patient driven therapeutics that are patient-driven is the best management practice; in this case a return manual therapy should have ended at 4 weeks (Disorders of the neck and upper back). It is noted that spinal manipulation and/or mobilizations are a viable option for the treatment of both low back pain and neck pain however these applications should be implemented in a time-limited fashion in favor of more active therapeutic to control pain generators (Bronfort G, et al.).

It is evident from the data review that there is a departure from this standard of active management that is endorsed by providers like Mark K. Dedmon PA/J. Michael Friedberg MD and Morris H. Lampert DO. A return to passive application like manipulation, manual therapy, ultrasound, and electrical muscle stimulation fosters clinical dependency, merely perpetuating the claimant's condition.

In the literature there is little evidence to support the effectiveness of thermal treatments (including therapeutic ultrasound), and electrical therapies (including TENS) in the management of non-specific cervical pain (Swenson RS). The use of passive treatment modalities as the sole means of chiropractic intervention for the management of patients suffering with neuromusculoskeletal dysfunction no longer has a place in modern chiropractic practice after the acute phase of healing has passed (Trojanovich SJ, et al.)

There is no qualitative/quantative data to support efficacy for the provider's applications that warrant a detour from treatment within a strain/sprain therapeutic algorithm. Further there is no qualitative/quantative data to support the duration of care rendered. Record revealed that the injured worker was treated on 16 sessions from 10/10/03 through 02/13/04. Chiropractors must be able to determine when care is clinically necessary, when care is leading to progress, and when the patient has failed to continue to respond to a particular treatment plan (Overview of implementation of outcome assessment case management in the clinical practice).

The provider had necessity to continue to monitor the progress of this claimant and coordinate consultations with other specialists.

Clinical Criteria, Utilization Guidelines or other material referenced

- Bronfort G, et al. Efficacy of spinal manipulation and mobilization for low back pain and neck pain: a systematic review and best evidence synthesis. Spine J. 2004 May-Jun; 4(3):335-56.
- Disorders of the neck and upper back. Work Loss Data Institute; 2003. 109 p. [124 references].

- Overview of implementation of outcome assessment case management in the clinical practice. Washington State Chiropractic Association; 2001. 54 p. [180 references].
 - Swenson RS. Therapeutic modalities in the management of nonspecific neck pain. Physical Medicine Rehabilitation Clinical N Am. 2003 Aug; 14(3):605-27.
 - Troyanovich SJ, et al. Structural rehabilitation of the spine and posture: rationale for treatment beyond the resolution of symptoms. J Manipulative Physiol Therapy 1998 Jan;21(1):37-50.
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The reviewer for this case is a doctor of chiropractic peer matched with the provider that rendered the care in dispute. The reviewer is engaged in the practice of chiropractic on a full-time basis.

The review was performed in accordance with Texas Insurance Code §21.58C and the rules of the Texas Workers Compensation Commission. In accordance with the act and the rules, the reviewer is listed on the TWCC's list of approved providers, or has a temporary exemption. The review includes the determination and the clinical rationale to support the determination. Specific utilization review criteria or other treatment guidelines used in this review are referenced.

The reviewer signed a certification attesting that no known conflicts-of-interest exist between the reviewer and any of the providers or other parties associated with this case. The reviewer also attests that the review was performed without any bias for or against the patient, carrier, or other parties associated with this case.

In accordance with TWCC Rule 102.4 (h), a copy of this decision was sent to the TWCC via facsimile, the TWCC will issue the determination to the carrier, requestor, claimant (and/or the claimant's representative) via facsimile or U.S. Postal Service or both.

If our organization can be of any further assistance, please feel free to contact me.

Sincerely,

Meredith Thomas
Administrator