

MDR Tracking #M5-05-2164-01

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, 133.307 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 04-04-05.

The IRO reviewed office visits, chiropractic manipulative treatment-spinal, vasopneumatic device, electrical stimulation, analysis of clinical data, medical conference, mechanical traction, self care management training, manual therapy technique rendered from 04-04-04 through 06-07-04 that were denied based upon "V".

The IRO determined that the chiropractic manipulative treatment-spinal **was** medically necessary and that the office visits, vasopneumatic device, electrical stimulation, analysis of clinical data, medical conference, mechanical traction, self care management training and manual therapy technique **were not** medically necessary. The amount of reimbursement due from the carrier for the medical necessity issues equals **\$235.27**.

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

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 not the only issue** 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 04-28-05, 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 99080-73 dates of service 04-05-04, 04-12-04, 04-19-04, 04-26-04, 05-03-04, 05-11-04, 05-17-04, 05-24-04, 06-01-04 and 06-07-04 was denied with denial code "V" for unnecessary medical treatment based on a peer review; however, the TWCC-73 is a required report per Rule 129.5 and is not subject to an IRO review. The Medical Review Division has jurisdiction in this matter. Reimbursement is recommended in the amount of **\$150.00 (\$15.00 X 10 DOS)**.

ORDER

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees for dates of service 04-05-04 through 06-07-04 totaling \$385.27 in accordance with the Medicare program reimbursement methodologies effective 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 Findings and Decision and Order are hereby issued this 26th day of May 2005.

Medical Dispute Resolution Officer
Medical Review Division

Enclosure: IRO Decision

Z iro C

A Division of ZRC Services, Inc.

7626 Parkview Circle

Austin, Texas 78731

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May 25, 2005

TWCC Medical Dispute Resolution
Fax: (512) 804-4868

Patient: _____
TWCC #: _____
MDR Tracking #: M5-05-2164-01
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 provider board certified and specialized in chiropractic care. 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.

RECORDS REVIEWED

Information from Requestor and Respondent, including: Peer Review-Kevin Tomsic DC, Operative report-Kevin Gill MD, progress notes from Daniels Chiropractic, RME from David Willholte MD, progress exams from Daniels Chiropractic, MRI L-spine from Lone Star Imaging.

CLINICAL HISTORY

The Patient is a 48-year-old male who sustained an occupational injury to his low back _____. He is an employee of _____ who was injured when he lifted some boxes and he felt pain in his low back.

DISPUTED SERVICES

Under dispute is the medical necessity of 98940 CMT-spinal, 99214-25 office visit, 97016 vasopneumatic device, G0283 EMS, 99213-25 office visit, 99090 analysis of clinical data, 99361-2555 conference, 97012 mechanical traction, 97535 self care management training, 97140-59 manual therapy techniques, for dates of services 4/5/2004 through 6/7/2004.

DECISION

The Reviewer partially agrees with the determination of the insurance carrier. The Reviewer agrees with 98940 CMT-spinal as medically necessary, and disagrees with all other disputed services.

BASIS FOR THE DECISION

The date of injury on this case is _____. The services provided were for a passive treatment plan. This falls outside the reasonable care and treatment of the spinal treatment guidelines set forth by the Texas Workers' Compensation Commission. In the Reviewer's professional opinion, the passive modalities this far post injury, are not reasonable and necessary. Most guidelines, particularly the Chiropractic Quality Assurance and Practice Parameters, would support that no passive treatment is recommended for chronic conditions to prevent deleterious onset of physician dependence, somatization, continued chronicity, illness behavior, and de-conditioning, all of which are adverse and lead to over utilization. This would also defy the treatment parameters according to the Mercy Guidelines from the given diagnosis. The Reviewer agrees with the peer review from Kevin Tomsic DC, with the exception of the Chiropractic Manipulative Therapy.

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 a copy of this finding by facsimile to the TWCC.

Sincerely,

ZRC Services Inc

A handwritten signature in black ink, appearing to read "Roger Glenn Brown". The signature is written in a cursive style with a large initial "R".

Dr Roger Glenn Brown

Chairman & CEO