

THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER:

SOAH DOCKET NO. 453-03-3116.M5

MDR Tracking Number: M5-03-0132-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective January 1, 2002 **or January 1, 2003** and Commission Rule 133.305 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 Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that office visits, physical therapy sessions, nerve conduction studies, range of motion testing, data analysis, and physician conference were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Division has determined that there were other fees involved in the medical dispute to be resolved.

Per TWCC Rule 413.016 (b) ...If the insurance carrier reduced a charge of a health care provider that was within the guidelines, the insurance carrier shall be directed to submit the difference to the provider unless the reduction is in accordance with an agreement between the health care provider and the insurance carrier.” Denial codes of “C – PPO discount” are not valid medical disputes and must be addressed with the insurance carrier. Therefore, all disputed dates of service with denial code of “C” will not be addressed in this dispute.

Since the treatment was not found to be medically necessary, reimbursement for dates of service from 5-20-02 through 7-19-02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 1st day of April 2003.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

DZT/dzt

NOTICE OF INDEPENDENT REVIEW DECISION

November 20, 2002

Rosalinda Lopez
Program Administrator
Medical Review Division
Texas Workers Compensation Commission
4000 South IH-35, MS 48
Austin, TX 78704-7491

RE: MDR Tracking #: M5-03-0132-01
IRO Certificate #: 4326

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care.

___ health care professional has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This 54 year old male sustained a work related injury on ___ when he was inside a building and the roof collapsed, spilling debris on him. He complained of neck pain, headaches, right arm pain with numbness and paresthesias. X-rays from the chiropractor's office dated 09/21/01 revealed severe cervical spondylosis with osteophyte formation at C5-C6. An MRI dated 12/05/01 revealed C5-C6 herniated nucleus pulposus, spondylosis with severe bilateral foraminal stenosis and moderate central stenosis, and C6 radiculopathy. The patient was being treated by a chiropractor and received the following services from 05/20/02 through 07/19/02: office visits, myofascial release, therapy activities, electrical stimulation, diathermy, traction, nerve conduction studies, range of motion measurements, data analysis, and conference.

Requested Service(s)

Office visits, myofascial release, therapy activities, electrical stimulation, diathermy, traction, nerve conduction studies, range of motion measurements, data analysis, and conference from 05/20/02 through 07/19/02.

Decision

It is determined that the office visits, myofascial release, therapy activities, electrical stimulation, diathermy, traction, nerve conduction studies, range of motion measurements, data analysis, and conference from 05/20/02 through 07/19/02 were not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The medical record documentation does not substantiate the medical necessity for continued chiropractic care from 05/20/02 through 07/19/02. Typical standards of care within the chiropractic profession allow for up to 8 weeks of conservative care for soft tissue injury. The patient does apparently possess several significant complicating factors, which are evidenced by positive radiographic findings. However, chiropractic care was initiated on or about 09/21/01 and services to 05/19/02 would represent 8 months of care. This far exceeds typical and generally accepted standards of care within the chiropractic profession. Care of this length and frequency would have to be justified through documentation that clearly provided a rationale for continued care. This rationale could be established through documentation of significant improvement and/or decreasing levels of positive objective data. The medical record documentation does not provide the necessary information to generate the rationale for this level and length of care. Specifically, as of 04/24/02, ranges of motion of the cervical spine were continuing to be severely decreased. Comparative range of motion studies do not indicate that significant progress was being achieved through conservative care. Additionally, the patient was evaluated by an orthopedic surgeon who recommended that the patient discontinue care due to the continuation of symptomatology. Therefore, the office visits, myofascial release, therapy activities, electrical stimulation, diathermy, traction, nerve conduction studies, range of motion measurements, data analysis, and conference from 05/20/02 through 07/19/02 were not medically necessary.

Sincerely,