

MDR Tracking Number: M5-03-0247-01

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 and Commission Rule 133.305 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 IRO reviewed the chiropractic treatment and physical therapy services rendered from 11-26-01 to 2-6-02 that were denied based upon "U".

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(q)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** 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.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On February 12, 2003 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.

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
11-26-01 12-17-01 1-9-02	95851	\$36.00	\$0.00	G	\$36.00		The requestor billed office visits and physical therapy services on these dates. Range of Motion testing is not global to these services. Reimbursement of 3 X \$36.00 = \$108.00 is recommended.
11-27-01 12-28-01	97750MT	\$43.00	\$0.00	G	\$43.00		The requestor billed office visits and physical therapy services on these dates. Muscle testing is not global to these services. Reimbursement of 2 X \$43.00 = \$86.00 is recommended.

TOTAL	\$194.00	The requestor is entitled to reimbursement of \$194.00
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This Decision is hereby issued this 18th day of July 2003.

Elizabeth Pickle
 Medical Dispute Resolution Officer
 Medical Review Division

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 in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Decision is applicable for dates of service 11-26-01 through 2-6-02 in this dispute.

This Order is hereby issued this 18th day of July 2003.

Roy Lewis Supervisor
 Medical Dispute Resolution
 Medical Review Division

December 12, 2002

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

MDR Tracking #: M5-03-0247-01
 IRO #: 5251

___ 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 ___ 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 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 ___ 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 ___ 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

___ injured his low back on ___ after lifting a large bag of sand. He complained of low back pain that went down to his groin and sacral region.

___ evaluated ___ on 11-26-01. ___ complained of low back pain rated a 6 on a scale of 0 to 10. Tenderness, muscle spasms, decreased range of motion, and subluxations and fixations were noted. ___ diagnosis includes sacroiliac strain, lumbar segmental dysfunction of the lumbar region, segmental dysfunction of the sacral region, and an unspecified inguinal hernia. Management included myofascial release, joint mobilization, manual traction, manipulation, electrical stimulation, cryotherapy, and therapeutic exercises.

___ evaluated ___ on 11-27-01. ___ complained of low back pain rated a 6 on a scale of 0 to 10. Tenderness, weakness secondary to pain, muscle inflammation of the right SI joint, muscle spasms, decreased range of motion, and subluxations and fixations were noted. ___ diagnosis includes sacroiliac strain, lumbar segmental dysfunction of the lumbar region, segmental dysfunction of the sacral region, and an unspecified inguinal hernia. Management included myofascial release, joint mobilization, manual traction, manipulation, electrical stimulation, cryotherapy, and therapeutic exercises.

A MRI of the lumbosacral region was performed on 12-07-01. Inferior schmorl's nodes were observed at the T12 level. An anterior disc bulge was viewed at T12-L1, L1-2, and L3-4. Disc narrowing and disc protrusion (subligamentous herniated nucleus pulposus) was demonstrated at L5-S1 with impingement of the epidural fat. Hypertrophy of the ligamentum flavum and findings marginal for stenosis of the central spinal canal was read at L4-5.

___ evaluated ___ on 12-12-01. ___ complained of low back pain rated a 5 on a scale of 0 to 10. Tenderness, palpatory guarding, muscle spasms, decreased range of motion, and subluxations and fixations were noted. ___ diagnosis includes sacroiliac strain, lumbar segmental dysfunction of the lumbar region, segmental dysfunction of the sacral region, and an unspecified inguinal hernia. Management included myofascial release, joint mobilization, manual traction, and therapeutic exercises.

___, orthopedic surgeon, evaluated ___ on 12-14-01. Physical exam revealed paraspinal muscle spasms, normal motor strength, normal DTR's, and normal sensory testing was

normal. ___ clinical impression included subligamentous disc herniation at L5-S1. Naprosyn was prescribed and recommended ___ continue therapy three times a week for four weeks.

___ evaluated ___ on 12-17-01. ___ complained of low back pain rated a 5 on a scale of 0 to 10. Tenderness, muscle spasms, decreased range of motion, and subluxations and fixations were noted. ___ diagnosis includes Lumbar IVD without myelopathy, lumbar segmental dysfunction of the lumbar region, segmental dysfunction of the sacral region, and an unspecified inguinal hernia. Management included myofascial release, joint mobilization, manual traction, manipulation, and therapeutic exercises.

___ evaluated ___ on 12-28-01. ___ complained of low back pain rated a 5 on a scale of 0 to 10. Muscle spasms, decreased range of motion, and subluxations and fixations were noted. Fatigue of both lower extremities was noted. ___ diagnosis includes Lumbar IVD without myelopathy, lumbar segmental dysfunction of the lumbar region, segmental dysfunction of the sacral region, and an unspecified inguinal hernia. Management included myofascial release, joint mobilization, manual traction, manipulation, electrical stimulation, cryotherapy, and therapeutic exercises.

___ LPT OCS CFMT, physical therapist, performed a functional capacity evaluation on 01-07-02. Physical examination revealed decreased lumbar range of motion, weakness of the hip flexors, hip abductors, and hip extensors. However, neurological testing was within normal limits. ___ required physical demand level was determined to be at a heavy level. His demonstrated physical demand level was determined to be at a light medium level.

___ evaluated ___ on 01-08-02. ___ complained of low back pain rated a 5 on a scale of 0 to 10. Tenderness, muscle spasms, decreased range of motion, radiating pain and subluxations and fixations were noted. ___ diagnosis includes Lumbar IVD without myelopathy, lumbar segmental dysfunction of the lumbar region, and segmental dysfunction of the sacral region. Management included myofascial release, joint mobilization, manual traction, manipulation, electrical stimulation, and therapeutic exercises.

B-Mode Ultrasound examination was performed on 01-08-02. It demonstrated mild costovertebral area inflammation at T6 through T9 and T12 as well as a moderate degree of sacroiliac joint inflammation.

___ evaluated ___ on 01-09-02. ___ complained of low back pain rated a 5 on a scale of 0 to 10. Tenderness, palpatory guarding, weakness of the low back secondary to pain, muscle spasms, decreased range of motion, radiating pain, and fixations were noted. ___ diagnosis includes Lumbar IVD without myelopathy, lumbar segmental dysfunction of the lumbar region, and segmental dysfunction of the sacral region. Management included joint mobilization, manual traction, electrical stimulation, cryotherapy and therapeutic exercises.

___ evaluated ___ on 01-10-02. ___ complained of low back pain rated a 5 on a scale of 0 to 10. Tenderness, weakness of the low back secondary to pain, decreased range of motion, radiating pain, and fixations were noted. ___ diagnosis includes Lumbar IVD without myelopathy, lumbar segmental dysfunction of the lumbar region, and segmental dysfunction of the sacral region. Management included joint mobilization, manual traction, electrical stimulation, cryotherapy and therapeutic exercises.

___, orthopedic surgeon, evaluated ___ on 01-14-02. Physical examination revealed an overweight individual, decreased lumbar range of motion, positive SLR on the right (generalized low back pain recreated at 30°), pain worse in the morning, positive valsalva test, positive Leseague and FABER (generalized lumbar pain), and decreased 2-point discrimination in the right lower extremity. It was noted that electrodiagnostic testing was negative. ___ recommended a discogram, facet injections, epidural steroid injections, and work hardening. ___ prescribed him vicoprofen and a muscle relaxer.

___ evaluated ___ on 01-14-02. ___ complained of low back pain rated a 5 on a scale of 0 to 10. Tenderness, palpatory guarding, weakness, decreased range of motion, and fixations were noted. ___ diagnosis includes Lumbar IVD without myelopathy, lumbar segmental dysfunction of the lumbar region, and segmental dysfunction of the sacral region. Management included therapeutic exercises.

___ evaluated ___ on 01-15-02. ___ complained of low back pain rated a 5 on a scale of 0 to 10. Tenderness, palpatory guarding, weakness secondary to pain, muscle spasms decreased range of motion, and fixations were noted. ___ diagnosis includes Lumbar IVD without myelopathy, lumbar segmental dysfunction of the lumbar region, and segmental dysfunction of the sacral region. Management included myofascial release, joint mobilization, manual traction, and therapeutic exercises.

___ evaluated ___ on 01-16-02. ___ complained of low back pain rated a 5 on a scale of 0 to 10. Tenderness, muscle spasms, decreased range of motion, weakness, and fixations were noted. ___ diagnosis includes Lumbar IVD without myelopathy, lumbar segmental dysfunction of the lumbar region, and segmental dysfunction of the sacral region. Management included myofascial release, joint mobilization, manual traction, and therapeutic exercises.

___ evaluated ___ on 01-17-02. ___ complained of low back pain rated a 5 on a scale of 0 to 10. Tenderness, palpatory guarding, weakness, crepitus, muscle spasms, decreased range of motion, and fixations were noted. ___ diagnosis includes Lumbar IVD without myelopathy, lumbar segmental dysfunction of the lumbar region, and segmental dysfunction of the sacral region. Management included myofascial release, joint mobilization, manual traction, manipulation, and therapeutic exercises.

___ evaluated ___ on 01-21-02. ___ complained of low back pain rated a 5 on a scale of 0 to 10. Tenderness, weakness, muscle spasms, decreased range of motion, subluxations, and fixations were noted. ___ diagnosis includes Lumbar IVD without myelopathy, lumbar segmental dysfunction of the lumbar region, and segmental dysfunction of the

sacral region. Management included myofascial release, joint mobilization, manual traction, manipulation, and therapeutic exercises.

___ evaluated ___ on 01-22-02. ___ complained of low back pain rated a 5 on a scale of 0 to 10. Tenderness, muscle inflammation, muscle spasms, and decreased range of motion were noted. ___ diagnosis includes Lumbar IVD without myelopathy, lumbar segmental dysfunction of the lumbar region, and segmental dysfunction of the sacral region. Management included myofascial release, manual traction, electrical stimulation, cryotherapy, and therapeutic exercises.

___, chiropractor, performed range of motion study of the lumbar spine on 01-22-02. It demonstrated normal lumbar range of motion as compared to the normals listed in the 4th edition of the "Guides".

___ evaluated ___ on 01-23-02. ___ complained of low back pain rated a 5 on a scale of 0 to 10. Tenderness, weakness, muscle spasms, decreased range of motion, subluxations, and fixations were noted. ___ diagnosis includes Lumbar IVD without myelopathy, lumbar segmental dysfunction of the lumbar region, and segmental dysfunction of the sacral region. Management included myofascial release, joint mobilization, manual traction, manipulation, electrical stimulation, cryotherapy and therapeutic exercises.

___ evaluated ___ on 01-24-02. ___ complained of low back pain rated a 5 on a scale of 0 to 10. Tenderness, decreased range of motion, and fixations were noted. ___ diagnosis includes Lumbar IVD without myelopathy, lumbar segmental dysfunction of the lumbar region, and segmental dysfunction of the sacral region. Management included myofascial release, joint mobilization, manual traction, electrical stimulation, cryotherapy and therapeutic exercises.

___ evaluated ___ on 01-28-02. ___ complained of low back pain rated a 5 on a scale of 0 to 10. Tenderness, weakness, decreased range of motion, and fixations were noted. ___ diagnosis includes Lumbar IVD without myelopathy, lumbar segmental dysfunction of the lumbar region, and segmental dysfunction of the sacral region. Management included myofascial release, joint mobilization, manual traction, cryotherapy and therapeutic exercises.

___, chiropractor, performed an isometric muscle test on 01-28-02. Only lumbar flexion and extension were evaluated. The involved muscles tested include the rectus abdominis and erector spinae. This testing showed an increased in resistance as compared to December's testing.

___ evaluated ___ on 01-29-02. ___ complained of low back pain rated a 4 on a scale of 0 to 10. Tenderness, weakness, decreased range of motion, and fixations were noted. ___ diagnosis includes Lumbar IVD without myelopathy, lumbar segmental dysfunction of the lumbar region, and segmental dysfunction of the sacral region. Management included myofascial release, joint mobilization, manual traction, manipulation, cryotherapy and therapeutic exercises.

___ evaluated ___ on 01-30-02. ___ complained of low back pain rated a 5 on a scale of 0 to 10. Tenderness, muscle spasms, decreased range of motion, subluxations, fixations, and fatigue of lower extremities was noted. ___ diagnosis includes Lumbar IVD without myelopathy, lumbar segmental dysfunction of the lumbar region, and segmental dysfunction of the sacral region. Management included myofascial release, joint mobilization, manual traction, and therapeutic exercises.

___ evaluated ___ on 01-31-02. ___ complained of low back pain rated a 4 on a scale of 0 to 10. Tenderness, weakness, muscle spasms, decreased range of motion, subluxations, and fixations were noted. ___ diagnosis includes Lumbar IVD without myelopathy, lumbar segmental dysfunction of the lumbar region, and segmental dysfunction of the sacral region. Management included myofascial release, joint mobilization, manual traction, manipulation, cryotherapy and therapeutic exercises.

___ evaluated ___ on 02-05-02. ___ complained of low back pain rated a 4 on a scale of 0 to 10. Tenderness, weakness, decreased range of motion, subluxations, and fixations were noted. ___ diagnosis includes Lumbar IVD without myelopathy, lumbar segmental dysfunction of the lumbar region, and segmental dysfunction of the sacral region. Management included myofascial release, joint mobilization, manual traction, manipulation, electrical stimulation, cryotherapy and therapeutic exercises.

___ evaluated ___ on 02-06-02. ___ complained of low back pain rated a 4 on a scale of 0 to 10. Tenderness, weakness, decreased range of motion, subluxations, and fixations were noted. ___ diagnosis includes Lumbar IVD without myelopathy, lumbar segmental dysfunction of the lumbar region, and segmental dysfunction of the sacral region. Management included joint mobilization, manual traction, manipulation and therapeutic exercises.

DISPUTED SERVICES

The focus of the review was to determine the medical necessity of office visits (99213), physical medicine (97110, 97122, 97032, 97022), myofascial release (97250), joint mobilization (97265), data analysis (99090), ultrasound, manipulations, therapeutic activities (97110), special reports (97750-MT, 95851, 99090), and radiology exams.

DECISION

The reviewer disagrees with the prior adverse determination.

BASIS FOR THE DECISION

___ was seen by ___ a total of 22 visits that were documented between 11-26-01 and 02-06-02. The Texas Worker's Compensation Guidelines allows for 8 weeks of care for uncomplicated injuries. There is demonstrated improvement of ___ because of care as

evidenced by the increased range of motion. There is some contradiction of the documentation in that the range of motion measurements demonstrated normal range of motion on 01-22-02 but each office visit after that time decreased range of motion was noted. The end of 8 weeks would be around 01-21-02. The FCE performed on 01-07-02 demonstrated decreased functional performance as demonstrated by a decreased physical demand capacity. ___ recommended 4 additional weeks of care on 12-14-02. Given the working diagnosis of a Lumbar Disc lesion without myelopathy, 12 weeks of care is not unreasonable. The appropriate second opinions and diagnostic testing have been performed to demonstrate the necessity of the care that is in dispute.

The care administered to ___ helped his condition to improve. ___, ___, ___, and ___ all have the opinion that the care provided seems to be helping ___ condition.

The care provided to ___ was found to be within the guidelines of Texas Worker's Compensation. The care was also found to be medically necessary given the documentation provided as defined in the Texas Guidelines For Chiropractic Quality Assurance and Practice Parameters.

As an officer of ___, I certify that there is no known conflict between the reviewer, ___ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

___ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,