MDR Tracking Number: M5-03-0474-01

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, durable medical equipment, physician education services, phonophorosis and phonophorosis supplies were not medically necessary. 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.

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. There are unresolved fee issues.

DOS	**CPT CODE**	**Billed**	**Paid**	**EOB Denial Code**	**MAR$ (Maximum Allowable Reimbursement)**	**Reference**	**Rationale**
1/28/02 through 6/3/02	99211 99212 99213 97110 97113 97124 A9300 99078 99070-PH 97139-PH	$8746.00	0.00	U	$ 18.00 $ 32.00 $ 48.00 $35.00 ea 15 min $52.00 ea 15 min $28.00 ea 15 min DOP DOP $ 7.00 DOP	IRO decision	The IRO determined these services were not medically necessary; therefore, no reimbursement recommended.
4/1/02	97110 97113 97124	$ 70.00 $208.00 $ 56.00	0.00	D	$35.00 ea 15 min $52.00 ea 15 min $28.00 ea 15 min	96 MFG Med GR I A 10 a	Neither party submitted the original EOB denial code; therefore, this review will be per the MFG. No documentation was submitted to support services rendered. No reimbursement recommended.
5/15/02	99212 97110 97124 97265 99070-PH 97139-PH	$ 32.00 $140.00 $ 84.00 $ 43.00 $ 7.00 $ 35.00	0.00	NO EOB	$ 32.00 $35.00 ea 15 min $28.00 ea 15 min $ 43.00 $ 7.00 DOP	96 MFG Med GR I A 10 a; I C 1 r; I C 6; E/M GR VI B	Neither party submitted an EOB; therefore, this review will be per the MFG. No documentation was submitted to support services rendered. No reimbursement recommended.
TOTAL		$8,746.00	0.00				The requestor is not entitled to reimbursement.

The above Findings and Decision are hereby issued this 17th day of April 2003.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

DZT/dzt

February 13, 2003

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-03-0474-01

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). ___ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ___ for independent review in accordance with this Rule.

___ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing chiropractor on ___ external review panel. ___ chiropractor reviewer signed a statement certifying that no known conflicts of interest exist between this chiropractor and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ___ for independent review. In addition, ___ chiropractor reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 57 year-old female who sustained a work related injury on ___. The patient reported that while at work she was lifting several boxes of turkey breasts that weighed approximately 8 pounds each. The patient reported that while doing this lifting she experienced a burning type sensation in her low back. The patient reported that since this accident she has experienced loss of balance, fatigue, and restlessness. The patient has undergone an MRI of the lumbar spine. The diagnosis for this patient is lumbar facet syndrome.

Requested Services

Aquatic therapy, office visits, therapeutic procedures, physical medicine treatment, durable medical equipment, physical education services, phonophoresis and phonophoresis supplies, joint mobilization from 1/28/02 through 6/3/02.

Decision

The Carrier's determination that these services were not medically necessary for the treatment of this patient's condition is upheld.

Rationale/Basis for Decision

___ chiropractor reviewer noted the patient sustained a work related injury to her back on ___. ___ chiropractor reviewer also noted that the patient was treated approximately 80 times with extensive care from 10/3/00 through January 2002. ___ chiropractor reviewer further noted that the patient's pain index went from 38% on 10/3/00 to 48% on 12/26/01 for the low back. ___ chiropractor reviewer explained that the patient has a history of spinal stenosis. ___ chiropractor reviewer also explained treating her spinal stenosis with therapy would not resolve this patient's condition. ___ chiropractor reviewer indicated that the patient has a small L5-S1 disc protrusion with no effect on the nerve root. ___ chiropractor reviewer explained that a referral to a neurosurgeon would have been appropriate if the patient continued to show signs of ongoing radicular symptoms after 3 months. ___ chiropractor reviewer indicated that the patient was receiving acute care modalities for one and a half years after the work related injury sustained on ___. ___ chiropractor reviewer further explained that the patient did not respond appropriately to the treatment rendered. Therefore, ___ chiropractor consultant concluded that the aquatic therapy, office visits, therapeutic procedures, physical medicine treatment, durable medical equipment, physical education services, phonophoresis and phonophoresis supplies, and joint mobilization from 1/28/02 through 6/3/02 were not medically necessary to treat this patient's condition.

Sincerely,

___