

MDR Tracking Number: M5-03-0604-01

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 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 10-28-01.

The IRO reviewed chiropractic treatment rendered from 3-22-02 to 5-28-02 that was denied based upon "U".

The Medical Review Division has reviewed the IRO decision. The IRO has not clearly determined the prevailing party over the medical necessity issues. Therefore, in accordance with §133.308(q)(2)(C), the commission shall determine the allowable fees for the health care in dispute, and the party who prevailed as to the majority of the fees for the disputed health care is the prevailing party.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
3-22-02 4-19-02	99214	\$71.00	\$0.00	V	\$71.00	Section 408.021(a)	IRO concluded these services were medically necessary; therefore reimbursement of 2 dates X \$71.00 = \$142.00 is recommended.
4-11-02 4-12-02 4-15-02 4-16-02 4-17-02 4-24-02 4-25-02 4-29-02 5-1-02 5-7-02 5-8-02 5-21-02 5-23-02	99212	\$32.00	\$0.00	V	\$32.00	Section 408.021(a)	IRO concluded these services were medically necessary; therefore reimbursement of 13 dates X \$32.00 = \$416.00 is recommended.
4-8-02 5-2-02	99211	\$18.00	\$0.00	V	\$18.00	Section 408.021(a)	IRO concluded these services were medically necessary; therefore reimbursement of 2 dates X \$18.00 = \$36.00 is recommended.
4-29-02	97124	\$56.00	\$0.00	V	\$28.00 / 15 min	Section 408.021(a)	IRO concluded these services were medically necessary; therefore reimbursement of \$56.00 is recommended.
5-27-02 5-28-02	99213	\$48.00	\$0.00	V	\$48.00	Section 408.021(a)	IRO concluded these services were medically necessary; therefore reimbursement of 2 dates X \$48.00 = \$96.00 is recommended.

TOTAL	\$746.00	The requestor is entitled to reimbursement of \$746.00.
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The IRO concluded that office visits and massage therapy from 3-22-02 through 5-28-02 were medically necessary; however, the physical therapy, unlisted therapeutic procedures, and supplies were not medically necessary.

On this basis, the total amount recommended for reimbursement (\$746.00) does not represent a majority of the medical fees of the disputed healthcare and therefore, the requestor did not prevail in the IRO decision. 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.

On May 27, 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:

Services that were denied without an EOB will be reviewed in accordance with *Medical Fee Guideline*.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
5-16-02	99211	\$18.00	\$0.00	No EOB	\$18.00	Evaluation & Management GR (IV) and (VI)	SOAP note supports billed service, reimbursement of \$18.00 is recommended.
3-27-02 4-17-02 4-18-02	97139PH	\$35.00	\$0.00	No EOB	DOP	Medicine GR (I)(C)(1)(r)	SOAP note dated 3-27-02 supports billed service, reimbursement of \$35.00 is recommended. SOAP notes for 4-17 and 4-18-02 were not submitted. Therefore, no reimbursement is recommended for these two dates.
3-27-02 5-16-02	97113 (4 units)	\$208.00	\$0.00	No EOB	\$52.00/ 15 min	Medicine GR (I)(A)(9)(b)	SOAP note supports billed service, reimbursement of 2 dates X \$208.00 = \$416.00 is recommended.
3-27-02	97110 (3 units)	\$105.00	\$0.00	No EOB	\$35.00/ 15 min	Medicine GR (I)(A)(9)(b)	SOAP note supports billed service, reimbursement of \$105.00 is recommended.
3-27-02 4-18-02	99212	\$32.00	\$0.00	No EOB	\$32.00	Evaluation & Management	SOAP notes support billed service on 3-27-02, reimbursement of \$32.00.

						GR (IV) and (VI)	SOAP note for 4-18-02 was not submitted. Therefore, no reimbursement is recommended for this date.
3-27-02 4-17-02	99070PH	\$7.00	\$0.00	No EOB	DOP	General Instructions GR (IV)	SOAP notes support billed service on 3-27-02, reimbursement of \$7.00. SOAP note for 4-17-02 was not submitted. Therefore, no reimbursement is recommended for this date.
5-16-02	97124	\$28.00	\$0.00	No EOB	\$28.00 / 15 min	CPT code description	SOAP note supports billed service, reimbursement of \$28.00 is recommended.
TOTAL							The requestor is entitled to reimbursement of \$641.00 .

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 3-22-02 through 5-28-02 in this dispute.

This Decision and Order is hereby issued this 26th day of August 2003.

Elizabeth Pickle
 Medical Dispute Resolution Officer
 Medical Review Division

NOTICE OF INDEPENDENT REVIEW DECISION

May 22, 2003

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

RE: MDR Tracking #: M5-03-0604-01
 IRO Certificate #: IRO4326

___ 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. ___'s 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 patient works as a machine operator and sustained an injury to his lumbar spine on ____. He was lifting a 50-pound bundle of material and twisted to his side, causing a burning pain to his back. He subsequently had a fusion of L5-S1 for herniated discs at L4-L5 and L5-S1 in 1995. The patient later developed post laminectomy syndrome and it was discovered that some screws from the fusion had loosened. He returned to his chiropractor on 03/22/02 due to increasing pain to the low back radiating into his buttock and back of his upper leg along with numbness and weakness.

Requested Service(s)

Office visits, physical therapy, unlisted therapeutic procedures, supplies, and massages from 03/22/02 through 05/28/02

Decision

It is determined that the office visits and massage therapy from 03/22/02 through 05/28/02 were medically necessary to treat this patient's condition. However, the physical therapy, unlisted therapeutic procedures, and supplies were not medically necessary to treat this patient.

Rationale/Basis for Decision

According to the North American Spine Society clinical guidelines, the patient is in phase III. This phase of care begins after all reasonable treatments for unremitting back pain, both surgical and non-surgical, have been attempted or failed to bring about satisfactory abatement of symptoms. While this phase of care addresses recurrent episodes of pain or disability, it also notates procedures for episodic pain. These include anti-inflammatory medications, re-instruction in fitness maintenance programming, stretching, thermal modalities for self-care, re-instruction in relaxation and coping techniques, re-instruction in behavioral modification, injection procedures, and limited passive modalities.

Therefore, the office visits and massage therapy from 03/22/02 through 05/28/02 were medically necessary. However, the physical therapy, unlisted therapeutic procedures, and supplies were not medically necessary.

Sincerely,