MDR Tracking Number: M5-03-0647-01

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 titled Medical Dispute Resolution –General 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 11-1-02.

Dates of service 8-21-02 and 10-2-02 were not considered based upon no proof that these services were submitted for consideration and reconsideration prior to submitting them to Medical Dispute Resolution; therefore, will not be considered in the decision.

The IRO reviewed office visit, consultation, special report, segmental fixation, other bone graph, epidural, lumbar, or caudal, single, each additional segment, cervical, thoracic or lumbar pad rendered from 4-5-02 to 7-30-02 that were 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 | MAR$ (Maximum Allowable Reimbursement) | Reference | Rationale |
|---|---|---|---|---|---|---|---|
| 4-5-02 | 99243 | $116.00 | $0.00 | V | $116.00 | Section 408.021(a) | IRO concluded that treatment was medically necessary; therefore, reimbursement is recommended of $116.00. |
| 5-8-02 | 99213 | $48.00 | $0.00 | V | $48.00 | Section 408.021(a) | IRO concluded that treatment was medically necessary; therefore, reimbursement is recommended of $48.00. |
| 7-30-02 | 63048 | $708.00 | $0.00 | V | $708.00 | Section 408.021(a) | IRO concluded that treatment was medically necessary; therefore, reimbursement is recommended of $708.00. |
| 7-30-02 | 20962 | $600.00 | $0.00 | V | DOP | Section 408.021(a) | IRO concluded that treatment was medically necessary. Reimbursement is recommended of $600.00. |
| TOTAL | | $1472.00 | | | | | The requestor is entitled to reimbursement of **$1472.00.** |

The IRO concluded that the orthopedic surgeon performed a consultation that was medically necessary; however, did not justify billing for a special report. In addition, the office visit was medically necessary. The 63047, 63048, 22612 and 20937-85 were medically necessary. However, 22842 refers to 3-6 segments of spinal instrumentation that were not substantiated; 20937 were not substantiated; 62278 is not found to be a procedure, 63047-85 and 22612-85 represent duplicate billing.

On this basis, the total amount recommended for reimbursement ($1472.00) 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.

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

On June 16, 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 | MAR$ (Maximum Allowable Reimbursement) | Reference | Rationale |
|---|---|---|---|---|---|---|---|
| 7-30-02 | 63047 | $3540.00 | $0.00 | V | $3540.00 | Surgery GR (I)(D)(1)(a) Rule 133.301(a) | Preauthorization obtained for service on 6-26-02; therefore, insurance carrier inappropriately retrospectively denied reimbursement based upon medical necessity. Reimbursement of $3540.00 is recommended. |
| 7-30-02 | 22612 | $2529.00 | $0.00 | V | $2529.00 / 50% = $1264.50 | Surgery GR (I)(E)(2)(b) Rule 133.301(a) | Preauthorization obtained for service on 6-26-02; therefore, insurance carrier inappropriately retrospectively denied reimbursement based upon medical necessity. Reimbursement of $1264.50 is recommended. |
| TOTAL | | | | | | | The requestor is entitled to reimbursement of **$4804.50** |

This Decision is hereby issued this 19th day of September 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 4-5-02 through 7-30-02 in this dispute.

This Order is hereby issued this 19th day of September 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

NOTICE OF INDEPENDENT REVIEW DECISION

January 29, 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 #: M5-03-0647-01
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 §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 ___ physician reviewer who is board certified in orthopedic surgeon which is the same specialty as the treating physician. The ___ physician reviewer 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 48 year old male sustained a work-related injury on ___ when he was lifting a pulley from under a scaffold and experienced low back pain radiating into his legs. A discogram revealed L4-5 degeneration, herniation, discogenic pain and radiculopathy. The patient was treated conservatively with epidural steroid injections, physical therapy, and pain medications. On 07/30/02, the patient underwent a L4-5 decompression and posterior spinal fusion and Isola segmental instrumentation, right iliac crest bone graft, synthetic bone graft, and placement of an epidural catheter for post-operative pain relief.

Requested Service(s)

Services billed by the orthopedic surgeon from 04/05/02 through 07/30/02 including: office visit, consultation, special report, segmental fixation, other bone graph, epidural, lumbar, or caudal, single, each additional segment, cervical, thoracic or lumbar pad.

Decision

It is determined that the following services billed by the orthopedic surgeon from 04/05/02 through 07/20/02 were medically necessary to treat this patient's condition:

- 99243 – Consultation
- 99213 – Office visit
- 63047 and 63048-85 – Two level lumbar laminectomy with decompression with each addition segment.
- 22612 – Posterolateral technique.
- 20937-85 – Bone grafts

It is determined that the following services billed by the orthopedic surgeon from 04/05/02 through 07/20/02 were not medically necessary to treat this patient's condition:

- 22842 – 3-6 segments of spinal instrumentation.
- 20937 – Bone graft and neurosurgical technique.
- 62278 – No procedure found
- 63047-85 – Duplicated procedures
- 22612-85 – Duplicated procedures.

Rationale/Basis for Decision

The orthopedic surgeon performed a consultation which was medically necessary, however, did not justify billing for a "special report". In addition, the office visit was medically necessary. The medical record documentation indicates that the patient underwent a two level laminectomy for decompression and single level of fusion with instrumentation. This indicates that the 63047, 63048-85, 22612, and 20937-85 were medically necessary. However, 22842 refers to 3-6 segments of spinal instrumentation that were not substantiated; 20937 applies to bone graft and neurosurgical technique that were not substantiated; 62278 is not found to be a procedure; 63047-85 and 22612-85 represent duplicate billing.

Therfore, it is determined that the following services billed by the orthopedic surgeon from 04/05/02 through 07/20/02 were medically necessary to treat this patient's condition:

- 99243 – Consultation
- 99213 – Office visit
- 63047 and 63048-85 – Two level lumbar laminectomy with decompression with each addition segment.
- 22612 – Posterolateral technique.
- 20937-85 – Bone grafts

It is determined that the following services billed by the orthopedic surgeon from 04/05/02 through 07/20/02 were not medically necessary to treat this patient's condition:

- 22842 – 3-6 segments of spinal instrumentation.
- 20937 – Bone graft and neurosurgical technique.
- 62278 – No procedure found
- 63047-85 – Duplicated procedures
- 22612-85 – Duplicated procedures

Sincerely,