

MDR Tracking Number: M5-03-0853-01

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 chiropractic treatment rendered from 12-28-01 to 1-7-02 that were denied based upon "U".

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. 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.

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

On April 22, 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:

The insurance carrier denied services rendered on 12-6-01 and 12-12-01 based upon "R – Extent of Injury". A review of records indicate that the insurance carrier has accepted liability for the cervical and lumbar spine. Services rendered to the cervical and lumbar spine denied based upon "R" will be reviewed in accordance with *Medical Fee Guideline*.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
11-7-01	95900 4 nerves	\$256.00	\$0.00	N	\$64.00/ nerve	Medicine GR (IV)(D)	NCV motor study supports testing of the Median and Ulnar nerves bilaterally; therefore, reimbursement of \$256.00 is recommended.
11-7-01	95904 6 nerves	\$384.00	\$0.00	N	\$64.00 / nerve	Medicine GR (IV)(D)	NCV sensory study supports testing of the Median, Ulnar and Radial nerves bilaterally; therefore, reimbursement of \$384.00 is recommended.
11-7-01	95925	\$212.00	\$0.00	F	\$175.00 / study	CPT code description	SSEP study supports reimbursement of \$175.00 is recommended.
12-6-01 12-12-01	99213	\$48.00	\$0.00	R	\$48.00	CPT code description	SOAP note supports treatment to cervical and lumbar spine region, reimbursement of 2

							dates X \$48.00 = \$96.00 is recommended.
12-6-01 12-12-01	97265	\$43.00	\$0.00	R	\$43.00	CPT code description	SOAP note supports treatment to cervical and lumbar spine region, reimbursement of 2 dates X \$43.00 = \$86.00 is recommended.
12-6-01 12-12-01	97250	\$43.00	\$0.00	R	\$43.00	CPT code description	SOAP note supports treatment to cervical and lumbar spine region, reimbursement of 2 dates X \$43.00 = \$86.00 is recommended.
12-6-01 12-12-01	97122	\$35.00	\$0.00	R	\$35.00	CPT code description	SOAP note supports treatment to cervical and lumbar spine region, reimbursement of 2 dates X \$35.00 = \$70.00 is recommended.
TOTAL							The requestor is entitled to reimbursement of <b>\$1153.00</b>

**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 11-7-01 through 1-7-02 in this dispute.

This Decision and Order is hereby issued this 26<sup>th</sup> day of August 2003.

Elizabeth Pickle  
 Medical Dispute Resolution Officer  
 Medical Review Division

NOTICE OF INDEPENDENT REVIEW DECISION

April 9, 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 #: M5-03-0853-01  
 IRO Certificate #: IRO 4326

The \_\_\_ 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 patient sustained a work-related injury on \_\_\_ when she was involved in a motor vehicle accident and injured her neck, shoulder, and low back. She had experienced a prior motor vehicle accident and received treatment that resolved her previous injuries. MRI examinations were performed secondary to the first accident. The patient was under the care of a chiropractor from 8/23/01 through 01/07/02.

### Requested Service(s)

Nerve conduction velocity (NCV) studies, office visits, and physical therapy from 12/28/01 through 01/07/02.

### Decision

It is determined that the NCV studies, office visits, and physical therapy from 12/28/01 through 01/07/02 were not medically necessary to treat this patient's condition.

### Rationale/Basis for Decision

The medical record documentation does not support the rationale for the above course of care. It is not obvious that the patient was achieving a significant degree of therapeutic gain and objective progress through the course of care afforded by the attending doctor. The documentation does not include base line objective data or re-examinations to ensure that objective progress was being achieved. Daily notes do not contain objective measures or other indications of progress to warrant ongoing care. A trial of care would be appropriate lasting up to twelve weeks depending on the practice parameter resource utilized and depending on concomitant and complicating factors. However, beyond the trial of care, a heavier burden is placed on the documentation for evidence efficacy and therapeutic and objective gains.

The medical record documentation does not indicate the rationale for the NCV study. It is apparent that the patient as of December 2001 was experiencing some radiating pain in the posterior shoulder, however, there are no indications of motor or neurological deficit that would warrant this study.

Therefore, the NCV studies, office visits, and physical therapy from 12/28/01 through 01/07/02 were not medically necessary.

Sincerely,