

MDR Tracking Number: M5-03-0952-01

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 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 12-6-02.

The IRO reviewed an office visit, Tiger Balm and Bio-freeze rendered on 1-19-02 that were denied based upon “V”.

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
1-19-02	99213	\$48.00	\$0.00	V	\$48.00	Section 408.021(a)	IRO concluded that this service was medically necessary, reimbursement of \$48.00 is recommended.
TOTAL		\$48.00					The requestor is entitled to reimbursement of \$48.00 .

The IRO concluded that office visit was medically necessary. The IRO concluded that Tiger Balm and Bio-freeze were not medically necessary.

Consequently, the commission has determined that **the requestor prevailed** on the majority of the medical fees (\$48.00). 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.

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:

Since, neither party in the dispute submitted original EOBs to determine basis of denial, services denied with "O – Denial after reconsideration" were reviewed in accordance with the *Medical Fee Guideline*.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
12-29-01	99212MP	\$40.00	\$0.00	O	\$32.00	Medicine GR (I)(B)(1)(b)	SOAP note does not support manipulation was performed; therefore, reimbursement is not recommended.
12-31-01 3-11-02 3-12-02 3-16-02 3-23-02 4-5-02 4-13-02 4-15-02 4-26-02 4-27-02 4-30-02 5-4-02 5-9-02 5-11-02 5-17-02 5-18-02 6-1-02 6-5-02 6-6-02 6-8-02 7-27-02 8-9-02 8-15-02	99213MP	\$55.00	\$0.00	O	\$48.00	Medicine GR (I)(B)(1)(b)	SOAP note for dates of service 4-13-02 and 6-1-02 were not submitted; therefore, reimbursement for these two dates is not recommended. SOAP note supports billed service for remaining dates; reimbursement is recommended of 21 dates X \$48.00 = \$1008.00.
6-15-02	95900	\$256.00	\$0.00	O	\$64.00 / nerve	Medicine GR (IV)(D)	Nerve study report supports testing, reimbursement of \$256.00.
6-15-02	95904	\$256.00	\$0.00	O	\$64.00 / nerve	Medicine GR (IV)(D)	Nerve study report supports testing, reimbursement of \$256.00.
6-15-02	95935	\$318.00	\$0.00	O	\$53.00/ extremity	Medicine GR (IV)(B)	F –wave study of lower extremity supports reimbursement of 2 X \$53.00 = \$106.00. H –wave study of lower extremity supports reimbursement of 2 X \$53.00 = \$106.00.
6-15-02	99242	\$90.00	\$0.00	O	\$90.00	Evaluation & Management	Consultation report was not submitted to support billed

						GR (IX)(A)(B)	service, reimbursement is not recommended.
6-15-02	99090	\$108.00	\$0.00	O	\$108.00	CPT Code Description	The CPT code descriptor is Analysis of information data stored in computers. A report to support CPT code descriptor was not submitted; therefore, reimbursement is not recommended.
6-15-02	93740	\$252.00	\$0.00	O	\$84.00 /studies	CPT Code Description	Temperature Gradient Studies report was submitted to support billed report, reimbursement is recommended of \$84.00.
6-15-02	A4556	\$85.00	\$0.00	O	DOP	General Instructions GR (III)(IV)	DOP was not met, no reimbursement is recommended.
8-6-02	97124	\$28.00	\$0.00	O	\$28.00 / 15 min	CPT Code Description	SOAP note supports reimbursement of \$28.00 is recommended.
8-6-02	97032	\$22.00	\$0.00	O	\$22.00 / 15 min	CPT Code Description	SOAP note supports reimbursement of \$22.00 is recommended.
8-6-02	97026	\$11.00	\$0.00	O	\$11.00	CPT Code Description	SOAP note supports reimbursement of \$11.00 is recommended.
TOTAL							The requestor is entitled to reimbursement of \$1877.00.

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 12-29-01 through 8-15-02 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

March 31, 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 #: M5-03-0952-01
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 lifting a heavy box, heard a pop in her back and experienced sharp pain in her lumbar spine. An MRI of the lumbar spine performed on 03/29/00 revealed a 3mm broad base disc herniation at L4-5 and a 2mm focal posterior disc herniation at L5-S1. The patient was under the care of a chiropractor and on 01/19/02 received an office visit, Tiger Balm, and Bio-freeze.

Requested Service(s)

Office visit, Tiger Balm, and Bio-freeze on 01/19/02.

Decision

It is determined that the office visit on 01/19/02 was medically necessary to treat this patient's condition. However, the Tiger Balm and Bio-freeze provided on 01/19/02 were not medically necessary.

Rationale/Basis for Decision

Based on the medical record documentation, the office visit on 01/19/02 was medically necessary for the treating doctor to continue treatment. This is within the standard of care for the chiropractic profession. However, there is no documentation to substantiate the use of Bio-freeze or Tiger Balm. There is no indication that these analgesics would be any more effective than an over-the-counter product. The patient had only subjective complaints of dull aching pain and no objective findings to justify the need for Tiger Balm or Bio-freeze. Therefore, the office visit on 01/19/02 was medically necessary while the Tiger Balm and Bio-freeze were not medically necessary.

Sincerely,