

MDR Tracking Number: M5-03-0969-01

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 12-19-02.

The IRO reviewed chiropractic treatment and nerve studies rendered from 2-15-02 to 8-12-02 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 March 25, 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	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
3-11-02 3-25-02 6-5-02 8-7-02	97530	\$40.00	\$0.00	No EOB	\$35.00 / 15 min	CPT Code Description	A progress note for 8-7-02 was submitted; however, it does not support service rendered. No reimbursement is recommended. Progress notes for the remaining dates were not submitted. No reimbursement is recommended.
3-11-02 3-25-02 5-29-02	99213	\$50.00	\$0.00	No EOB	\$48.00	Evaluation & Management	A progress note for 8-7-02 was submitted; however, it does not support service rendered. No reimbursement is

5-31-02 6-3-02 6-5-02 6-10-02 6-12-02 6-17-02 6-19-02 6-21-02 6-24-02 7-5-02 7-8-02 7-12-02 7-15-02 8-5-02 8-7-02 8-14-02 8-15-02 8-16-02 8-19-02 8-21-02 8-26-02 8-28-02 9-4-02 9-16-02 9-18-02						GR (IV)	recommended. Progress notes for the remaining dates were not submitted. No reimbursement is recommended.
3-11-02 3-25-02 6-5-02 7-10-02 7-12-02 7-15-02 8-14-02	97110	\$35.00	\$0.00	No EOB	\$35.00 / 15 min	Medicine GR (I)(A)(9)(b)	Progress notes were not submitted. No reimbursement is recommended.
8-5-02 8-7-02 8-15-02 8-16-02 8-19-02 8-21-02 8-26-02 8-28-02 9-4-02 9-18-02	97110	\$70.00	\$0.00	No EOB	\$35.00 / 15 min	Medicine GR (I)(A)(9)(b)	Progress notes were not submitted. No reimbursement is recommended.
3-11-02 3-25-02 5-29-02 5-31-02 6-3-02 6-5-02 6-7-02 6-10-02 6-12-02 6-17-02 6-19-02 6-21-02 6-24-02 7-8-02	97112	\$35.00	\$0.00	No EOB	\$35.00 / 15 min	Medicine GR (I)(A)(9)(b)	Progress notes were not submitted. No reimbursement is recommended.

7-10-02							
5-29-02 5-31-02 6-3-02 6-12-02 6-17-02 6-19-02 6-21-02 6-24-02 7-5-02 7-8-02 7-12-02 7-15-02 8-5-02 8-14-02 8-15-02 8-16-02 8-19-02 8-21-02 8-26-02 8-28-02 9-4-02 9-16-02	97032	\$25.00	\$0.00	No EOB	\$22.00	Medicine GR (I)(A)(9)(b)	Progress notes were not submitted. No reimbursement is recommended.
6-7-02 6-10-02 6-12-02 6-17-02 6-19-02 6-21-02 6-24-02 7-15-02	97113	\$52.00	\$0.00	No EOB	\$52.00 / 15 min	Medicine GR (I)(A)(9)(b)	Progress notes were not submitted. No reimbursement is recommended.
6-7-02	99214	\$120.00	\$0.00	No EOB	\$71.00	Evaluation & Management GR (IV)	Progress notes were not submitted. No reimbursement is recommended.
7-5-02 7-8-02 8-5-02 8-16-02 8-28-02 9-4-02	97010	\$25.00	\$0.00	No EOB	\$11.00	CPT Code Description	Progress notes were not submitted. No reimbursement is recommended.
9-18-02	97012	\$25.00	\$0.00	No EOB	\$20.00		Progress notes were not submitted. No reimbursement is recommended.
TOTAL							The requestor is not entitled to reimbursement.

This Decision is hereby issued this 15th day of September 2003.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division

March 18, 2003

David Martinez
TWCC Medical Dispute Resolution
4000 IH 35 South, MS 48
Austin, TX 78704

MDR Tracking #: M5 03 0969 01
IRO #: 5251

___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this 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 care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Doctor of Chiropractic. The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors 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 the dispute.

CLINICAL HISTORY

This patient was injured during his job when he was repetitively bending over an airplane for a long period of time and suffered an onset of low back pain, initially felt as a pull in the back. MRI was performed, which revealed a mild bulge at L4/5 and yet another at L5/S1. CT myelogram was performed on April 4, 2002 and was unremarkable. Discogram on December 21, 2001 and he reported concordant pain at L3/4 and non-concordant at L4/5 and L5/S1. While there was apparently a nerve conduction test performed on this patient, no records are submitted for review of that service. The result seems to have indicated that the patient does have a radiculopathy, but it is ill-defined as to which level due to the lack of this documentation. However, the notes of ___ do indicate that the location of concern is right L5 and bilateral S1.

DISPUTED SERVICES

The carrier has disputed the medical necessity of office visits, physical medicine, NCV, H/F reflex studies, and a needle EMG from February 15, 2002 to August 12, 2002.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

The care rendered seems to have had little effect on this patient. While we would love to see all patients respond to care, it is clear that sometimes they do not. I do not see that the treatment rendered was helping this gentleman return to his workplace and I do not see that the treatment was particularly helping with his pain. The patient does have a diagnosed radiculopathy, but he was found not to be a candidate for surgery. The numerous communications from the treating doctor to the carrier indicates that multiple designated doctors found the patient not to be at MMI. However, such a finding has no bearing on appropriate care. The high levels care rendered on this case were not appropriate for the patient in question. The EMG/NCV studies and H/F reflex studies were not documented by the treating doctor in the notes we have. As a result, I would believe that the disputed treatment and diagnostic testing could not be found to be reasonable and necessary in this case.

___ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. ___ has made no determinations regarding benefits available under the injured employee's policy.

As an officer of ___, I certify that there is no known conflict between the reviewer, ___ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

___ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,