

**THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

**SOAH DOCKET NO. 453-04-1162.M5**

MDR Tracking Number: M5-03-1091-01

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 12-16-02.

Date of service 12-14-02 was submitted untimely per Rule 133.307(d)(1); therefore, will not be considered in this decision.

The IRO reviewed chiropractic treatment rendered from 12-19-01 to 10-14-02 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
12-19-01 12-21-01 12-26-01 12-27-01 12-28-01 1-10-02 1-11-02 2-4-02 2-6-02 2-7-02 2-12-02 2-13-02 2-18-02 2-20-02 2-25-02 2-27-02 2-28-02 3-4-02 3-5-02 3-7-02 3-11-02 3-15-02 6-4-02	99213	\$48.00	\$0.00	U, V	\$48.00	Section 408.021(a)	IRO concluded that these services were medically necessary; therefore, reimbursement in accordance with MFG is recommended.

6-6-02 6-7-02 6-18-02 6-21-02 6-25-02 6-26-02 6-27-02 6-28-02 7-3-02 7-9-02 7-10-02 7-11-02 7-12-02 7-17-02							
1-1-02 1-15-02 2-14-02 2-18-02 2-28-02 5-10-02 5-15-02 5-21-02 5-31-02	99090	\$108.00	\$0.00	V, U	\$48.00	Section 408.021(a)	IRO concluded that these services were medically necessary; therefore, reimbursement in accordance with MFG is recommended.
2-1-02	99211	\$18.00	\$0.00	V	\$18.00	Section 408.021(a)	IRO concluded that these services were medically necessary; therefore, reimbursement in accordance with MFG is recommended.
2-1-02 2-4-02 2-25-02 3-7-02 6-7-02 6-21-02 6-26-02 6-27-02 6-28-02 7-3-02 7-10-02 7-11-02 7-12-02 7-15-02	97265	\$43.00	\$0.00	V	\$43.00	Section 408.021(a)	IRO concluded that these services were medically necessary; therefore, reimbursement in accordance with MFG is recommended.
2-1-02 2-4-02 2-13-02 2-25-02 3-7-02 3-11-02 3-15-02 6-4-02 6-7-02 6-18-02 6-26-02 6-27-02 6-28-02 7-9-02	97122	\$35.00 \$70.00 \$70.00 \$70.00 \$35.00 \$70.00 \$35.00 \$35.00 \$35.00 \$35.00 \$35.00 \$35.00 \$35.00 \$35.00	\$0.00	V	\$35.00	Section 408.021(a)	IRO concluded that these services were medically necessary; therefore, reimbursement in accordance with MFG is recommended.

7-11-02 7-17-02		\$35.00 \$35.00					
2-1-02 2-6-02 2-7-02 2-12-02 2-20-02 2-21-02 2-27-02 3-4-02 3-5-02 3-11-02 6-18-02 6-21-02 6-26-02 7-3-02 7-15-02	97110 (6 units)	\$210.00	\$0.00	V	\$35.00 / 15 min	Section 408.021(a)	IRO concluded that these services were medically necessary; therefore, reimbursement in accordance with MFG is recommended.
6-25-02	97110 (8 units)	\$280.00	\$0.00	V	\$35.00 / 15 min	Section 408.021(a)	IRO concluded that these services were medically necessary; therefore, reimbursement in accordance with MFG is recommended.
2-4-02 2-25-02	97110 (4 units)	\$140.00	\$0.00	V	\$35.00 / 15 min	Section 408.021(a)	IRO concluded that these services were medically necessary; therefore, reimbursement in accordance with MFG is recommended.
2-13-02 2-18-02 2-28-02 3-7-02 3-15-02 6-4-02 6-6-02 6-7-02 6-27-02 6-28-02 7-9-02 7-10-02 7-11-02 7-12-02 7-17-02	97110 (5 units)	\$175.00	\$0.00	V	\$35.00 / 15 min	Section 408.021(a)	IRO concluded that these services were medically necessary; therefore, reimbursement in accordance with MFG is recommended.
2-4-02 2-6-02 2-13-02 2-18-02 2-18-02 2-20-02 2-21-02 2-25-02 2-27-02 3-4-02 3-7-02 3-15-02 6-6-02 6-7-02	97250	\$43.00	\$0.00	V	\$43.00	Section 408.021(a)	IRO concluded that these services were medically necessary; therefore, reimbursement in accordance with MFG is recommended.

6-18-02 7-9-02 7-10-02 7-11-02 7-12-02 7-17-02							
2-20-02 6-21-02 7-3-02 7-15-02	97012	\$20.00	\$0.00	V	\$20.00	Section 408.021(a)	IRO concluded that these services were medically necessary; therefore, reimbursement in accordance with MFG is recommended.
2-6-02 2-7-02 2-18-02	97035	\$22.00	\$0.00	V	\$22.00 / 15 min	Section 408.021(a)	IRO concluded that these services were medically necessary; therefore, reimbursement in accordance with MFG is recommended.
2-21-02 5-1-02 6-4-02 7-15-02	99214	\$71.00	\$0.00	V	\$71.00	Section 408.021(a)	IRO concluded that these services were medically necessary; therefore, reimbursement in accordance with MFG is recommended.
5-1-02 7-15-02	99080	\$15.00	\$0.00	V	\$15.00	Section 408.021(a)	IRO concluded that these services were medically necessary; therefore, reimbursement in accordance with MFG is recommended.
7-17-02	97014	\$15.00	\$0.00	V	\$15.00	Section 408.021(a)	IRO concluded that these services were medically necessary; therefore, reimbursement in accordance with MFG is recommended.
TOTAL							The requestor is entitled to reimbursement per MFG.

The IRO concluded that chiropractic treatment rendered from 12-19-01 through 7-17-02 were medically necessary. All other services rendered from 7-18-02 through 10-14-02 were not medically necessary.

Consequently, the commission has determined that **the requestor prevailed** on the majority of the medical fees. 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 were denied based upon "A" and "Z" that will be reviewed by the Medical Review Division.

On July 8, 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 requestor did not submit medical records and preauthorization approval reports to support reimbursement per *Medical Fee Guideline*.

This Decision is hereby issued this 7<sup>th</sup> day of October 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 12-19-01 through 10-14-02 in this dispute.

This Order is hereby issued this 7<sup>th</sup> day of October 2003.

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division

July 2, 2003

### NOTICE OF INDEPENDENT REVIEW DECISION Corrected Letter

**RE: MDR Tracking #: M5-03-1091-01**

\_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). \_\_\_ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to \_\_\_ for independent review in accordance with this Rule.

\_\_\_ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing chiropractor on the \_\_\_ external review panel. The \_\_\_ chiropractor reviewer signed a statement certifying that no known conflicts of interest exist

between this chiropractor and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to \_\_\_ for independent review. In addition, the \_\_\_ chiropractor reviewer certified that the review was performed without bias for or against any party in this case.

### Clinical History

This case concerns a male who sustained a work related injury on \_\_\_\_. The patient reported that while at work he was carrying a bucket of rocks while walking down a slope when he slips.

The patient reported that he did not fall, but began to experience low back pain. The diagnoses for this patient included lumbar strain, thoracic strain and lumbar disc syndrome without myelopathy. The patient underwent electrodiagnostic studies on 12/17/01, and a lumbar MRI that showed disc protrusion at the L5-S1 level. The patient was treated with oral pain medications and chiropractic care that included joint mobilization, mechanical traction, myofascial release, physical therapy and ultrasound.

### Requested Services

Office visits, required reports, physical therapy sessions and analysis of information on 12/19/01 through 10/14/02.

### Decision

The Carrier's determination that these services were not medically necessary for the treatment of this patient's condition is partially overturned.

### Rationale/Basis for Decision

The \_\_\_ chiropractor reviewer noted that this case concerns a male who sustained a work related injury to his back on \_\_\_\_. The \_\_\_ chiropractor reviewer also noted that the diagnoses for this patient included lumbar strain, thoracic strain and lumbar disc syndrome without myelopathy. The \_\_\_ chiropractor reviewer further noted that the patient was treated with oral pain medications and chiropractic care. The \_\_\_ chiropractor reviewer explained that the documentation provided did not support medical necessity for treatment rendered between 7/18/02 through 10/14/02. The \_\_\_ chiropractor reviewer also explained that treatment from 12/19/01 through 7/17/02 was reasonable and medically necessary. Therefore, the \_\_\_ chiropractor consultant concluded that the office visits, required reports, physical therapy sessions and analysis of information on 12/19/01 through 7/17/02 were medically necessary to treat this patient's condition. The \_\_\_ chiropractor consultant concluded that the office visits, required reports, physical therapy sessions and analysis of information on 7/18/02 through 10/14/02 were not medically necessary to treat this patient's condition.

Sincerely,