

MDR Tracking Number: M5-03-1147-01

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 radiological examination rendered from 3-18-02 to 3-20-01 that were denied based upon "U".

The Medical Review Division has reviewed the IRO decision and determined that the **requestor prevailed** on the issues of medical necessity. 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. For the purposes of determining compliance with the order, the Commission will add 20-days to the date the order was deemed received as outlined on page one of this order.

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 April 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:

The requestor submitted a referral from treating doctor ___ to evaluate and treat the patient; therefore, the insurance carrier was incorrect to deny reimbursement based upon "L". The disputed services will be reviewed in accordance with the *Medical Fee Guideline*.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
3-18-02	99204	\$120.00	\$0.00	L	\$106.00	Rule 133.3 E/M GR (IV)	Initial evaluation report supports billed service; reimbursement of \$106.00 is recommended.
3-18-02	E0230	\$10.00	\$0.00	L	DOP	General Instructions GR (IV) Rule 133.3	Ice cap or collar – 3-18-02 report does not document service – no reimbursement is recommended.
3-18-02	E0943	\$45.00	\$0.00	L	DOP	General Instructions GR (IV) Rule 133.3	Cervical pillow -3-18-02 report does not document service – no reimbursement is recommended.
3-19-02 3-20-02	99213MP	\$40.00	\$0.00	L	\$40.00	Rule 133.3	SOAP note supports billed service; reimbursement of 18

3-22-02 3-25-02 3-26-02 3-27-02 3-28-02 4-1-02 4-2-02 4-3-02 4-4-02 4-9-02 4-11-02 4-12-02 4-15-02 4-17-02 4-19-02 4-22-02							dates \$40.00 = \$720.00 is recommended.
3-19-02 3-20-02 3-22-02 3-25-02 3-26-02 3-27-02 3-28-02 4-1-02 4-2-02 4-3-02 4-4-02 4-5-02 4-9-02 4-11-02 4-12-02 4-15-02 4-17-02 4-19-02 4-22-02	97012	\$20.00	\$0.00	L	\$20.00	Rule 133.3	SOAP note supports billed service; reimbursement of 19 dates \$20.00 = \$380.00 is recommended.
3-19-02 3-20-02 3-22-02 3-25-02 3-26-02 3-27-02 3-28-02 4-1-02 4-2-02 4-3-02 4-4-02 4-5-02 4-9-02 4-11-02 4-12-02 4-15-02 4-17-02 4-19-02 4-22-02	97014	\$20.00	\$0.00	L	\$15.00	Rule 133.3	SOAP note supports billed service; reimbursement of 11 dates \$15.00 = \$165.00 is recommended.
3-19-02 3-20-02 3-22-02 3-25-02 3-26-02 3-27-02 3-28-02 4-1-02 4-2-02 4-3-02 4-4-02	97010	\$15.00	\$0.00	L	\$11.00	Rule 133.3	SOAP note supports billed service; reimbursement of 11 dates \$11.00 = \$121.00 is recommended.

4-4-02								
4-5-02	99214MP	\$75.00	\$0.00	L	\$71.00	Rule 133.3	SOAP note supports billed service; reimbursement of \$71.00 is recommended.	
4-5-02 4-12-02	97110	\$50.00	\$0.00	L	\$35.00	Rule 133.3	One to One supervised treatment was not documented in SOAP note; therefore, reimbursement is recommended.	
TOTAL		\$1718.00						The requestor is entitled to reimbursement of \$1563.00.

This Decision is hereby issued this 26th day of August 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 3-18-02 through 4-22-02 in this dispute.

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.

This Order is hereby issued this 26th day of August 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

April 8, 2003

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-03-1147-01

___ 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 52 year-old female who sustained a work related injury on ___. The patient reported that while at work she slipped on a piece of potato and to keep from falling down, she twisted her body, injuring her neck. The patient reported that since the injury she has experienced tension and headaches. The diagnoses for this patient included cervical spine pain, cervicobrachial syndrome, cervical myofascitis, and cervical segmental dysfunction/subluxation. The patient has been treated with chiropractic adjustments, and exercise program, and oral medications.

Requested Services

Radiological examination from 3/18/02 through 3/20/02.

Decision

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

Rationale/Basis for Decision

The ___ chiropractor reviewer noted that this patient had a work injury about one month prior to presenting at the chiropractor's office. The ___ chiropractor reviewer also noted that the patient had no real improvement in her condition in the first 4 weeks after the injury. The ___ chiropractor reviewer explained that in order for the treating chiropractor to be thorough and to help rule in and or out various different diagnoses, the X-Rays that were taken were medically necessary and appropriate. The ___ chiropractor reviewer also explained that the treating chiropractor had a set of 5 films taken of this patient, and the findings of these films are properly documented in his report. Therefore, the ___ chiropractor consultant concluded that the radiological examination from 3/18/02 through 3/20/02 were medically necessary to treat this patient's condition.

Sincerely,
