

MDR Tracking Number: M5-03-1150-01

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 1-13-03.

The IRO reviewed chiropractic treatment rendered from 4-12-02 through 5-10-02 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(r)(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 May 15, 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:

Services that were denied without an EOB will be reviewed in accordance with *Medical Fee Guideline*.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
4-12-02	99213	\$48.00	\$0.00	No EOB	\$48.00	Insurance Carrier's Response	Insurance carrier submitted EOB that shows service was paid; therefore, additional action from Medical Review Division is not necessary.
4-12-02	97265	\$43.00	\$0.00	No EOB	\$43.00		
4-12-02	97112	\$35.00	\$0.00	No EOB	\$35.00		
4-12-02	97250	\$43.00	\$0.00	No EOB	\$43.00		

4-12-02	97110 (X4)	\$140.00	\$0.00	No EOB	\$35.00/ 15 min	Medicine GR (I)(A)(9)(b) Insurance Carrier's Response	
4-12-02 4-26-02 5-10-02	95851	\$36.00	\$0.00	G, F	\$36.00 X 3 = \$108.00	Medicine GR (I)(E)(4)	On this date the requestor billed for office visit and physical therapy services, ROM testing is not global to these services. ROM reports supports billed service. Reimbursement is recommended of \$108.00.
TOTAL							The requestor is entitled to reimbursement of \$108.00.

This Decision is hereby issued this 15th 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 4-12-02 through 5-10-02 in this dispute.

This Order is hereby issued this 15th day of October 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

May 1, 2003

Re: MDR #: M5-03-1150-01

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is Certified in Chiropractic Medicine.

Clinical History:

This male claimant felt extreme pain in his lumbar spine following a work-related injury on ___. He presented to his initial exam on 03/18/02 with extreme low back pain, as well as an antalgic lean to the left.

Significant positive exam findings were present, and an aggressive treatment program utilizing passive and active therapy was begun. Range of motion and muscle testing, separate and distinct entities, were performed by licensed personnel.

Disputed Services:

The following services during the period of 04/16/02 through 04/23/02:

- data analysis
- office visits
- joint mobilization
- myofascial release
- range of motion testing
- muscle testing
- physical performance testing

Decision:

The reviewer disagrees with the determination of the insurance carrier. The reviewer is of the opinion that the services as outlined above were medically necessary in this case.

Rationale for Decision:

The records clearly indicate and substantiate on each date of service subjective symptomatology, significant objective findings, and assessment, as well as plan of treatment, regarding this patient's lumbar disc protrusion.

It is usual, reasonable, customary and medically necessary, based on the nature and extent of this injury, to perform these treatments, services and testing.

I am the Secretary and General Counsel of ____ I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Sincerely,