

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 1-21-03.

The IRO reviewed chiropractic treatment rendered from 1-9-02 to 9-14-02 that were denied based upon "V".

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 June 2, 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	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
1/9/02	64550	\$101.00	\$0.00	T, N	\$101.00	HB-2600	HB-2600 abolished the treatment guidelines effective 1-1-02; therefore, the insurance carrier inappropriately utilized EOB denial code "T".  Application of surface neuromuscular stimulator-report was not submitted to support billing per MFG. Therefore, no reimbursement is recommended.
TOTAL							The requestor is not entitled to reimbursement.

This Decision is hereby issued this 15<sup>th</sup> day of October 2003.

Elizabeth Pickle  
Medical Dispute Resolution Officer  
Medical Review Division

May 27, 2003

Re: MDR #: M5-03-1245-01

\_\_\_ 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 patient is a female who suffered a work-related injury on \_\_\_, after which she complained of low back pain, right lower extremity pain, and elbow pain on the right side. The patient first sought chiropractic treatment on 05/16/01. MRI on 05/19/01 revealed a bulging disc at L4-L5. At a later date, MRI of the right knee indicated internal derangement and surgically repaired on 01/14/02. She also received steroid injections in the lumbar spine on \_\_\_ two years post injury.

Chiropractic treatment included neuromuscular re-education and other extensive treatments. The patient was given an impairment rating of 17% on 09/21/01, when the MMI was determined. The records provided indicate that her pain fluctuated greatly from one treatment to the next.

It is noted that the patient is 5 ft. 3 in. tall and weighs 209 pound, placing undue stress on the knees and lumbar spine.

Disputed Services:

Physician-team conference, group health education, therapeutic activities, and office visits during the period of 03/27/02 through 09/14/02.

Decision:

The reviewer agrees with the determination of the insurance carrier. The reviewer is of the opinion that the services and treatment rendered was not medically necessary in this case.

Rationale for Decision:

Treatment is considered effective and necessary only if it provides lasting relief. Neuromuscular re-education could have been done by the patient at home. This treatment was done over a two years post injury. The fact that the patient's pain fluctuated greatly from one treatment to the next indicates a chronic problem. The patient should have been doing more active therapy at home.

Other treatment solutions, equally as effective, could have been used at home by the patient to provide a solution to her problem, rather than the extensive chiropractic treatment received during the period of time indicated. Chiropractic care appears to only be a palliative solution for this patient's chronic issues.

I am the Secretary and General Counsel of \_\_\_ and 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,