

MDR Tracking Number: M5-03-1250-01

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 1-21-03.

The IRO reviewed chiropractic treatment rendered from 3-4-02 to 8-30-02 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 May 30, 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
2-18-02 4-19-02	99215	\$100.00	\$0.00	N	\$100.00	Evaluation & Management GR (IV)	Office visits reports support billed service, reimbursement of 2 dates X \$100.00= \$200.00.
2-18-02	97260	\$35.00	\$0.00	N	\$35.00	CPT code descriptor	SOAP note documented adjustment to cervical spine; therefore, reimbursement of \$35.00 is recommended.
2-18-02	97261	\$8.00	\$0.00	N	\$8.00	CPT code descriptor Medicine GR	SOAP note does not document an adjustment to an additional area; therefore, reimbursement is not

						(I)(D)(1)	recommended.
2-20-02 2-4-02 2-6-02 3-25-02 3-27-02 3-29-02 4-1-02 4-3-02 4-5-02 4-8-02 4-10-02 4-12-02	64550	\$101.00	\$0.00	N	\$101.00	CPT code descriptor	SOAP note does not document surgical procedure; therefore, reimbursement is not recommended.
2-20-02 3-25-02 3-27-02 4-1-02	99213MP	\$48.00	\$0.00	N	\$48.00	Medicine GR (I)(B)(1)(b)	SOAP notes supports billed service, reimbursement of 4 dates X \$48.00 = \$192.00.
4-1-02	99080	\$15.00	\$0.00	N	\$15.00	Rule 129.5(d)	A TWCC-73 report for 4-1-02 was not submitted. The 3-18-02 report indicates claimant was off work; the 5-1-02, 5-15-02 and 5-30-02 reports indicate claimant continued to be off-work. Therefore, the requestor did not comply with Rule by filing reports.
4-19-02	97530 (X3)	\$105.00	\$0.00	N	\$35.00 / 15 min	CPT Code Descriptor Medicine GR (I)(A)(11)(b)	SOAP note does not support the severity of injury to require one to one supervision per MFG; therefore, no reimbursement is recommended.
4-19-02	97112	\$105.00	\$0.00	N	\$35.00 / 15 min	Medicine GR	
4-19-02	97110	\$35.00	\$0.00	N	\$35.00 / 15min	(I)(A)(9)(b)	
3-11-02 3-13-02	64550	\$101.00	\$0.00	F	\$101.00	CPT code descriptor	SOAP note does not document surgical procedure; therefore, reimbursement is not recommended.
3-11-02	99213MP	\$48.00	\$0.00	F	\$48.00	Medicine GR (I)(B)(1)(b)	SOAP notes supports billed service, reimbursement of \$48.00 is recommended.
<b>TOTAL</b>							The requestor is entitled to reimbursement of <b>\$475.00.</b>

**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 1-28-02 through 8-30-02 in this dispute.

This Decision is hereby issued this 3<sup>rd</sup> day of November 2003.

Elizabeth Pickle  
Medical Dispute Resolution Officer  
Medical Review Division

**IRO Certificate #4599**

**NOTICE OF INDEPENDENT REVIEW DECISION**

April 15, 2003

**Re: IRO Case # M5-03-1250**

Texas Worker's Compensation Commission:

\_\_\_ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to \_\_\_ for an independent review. \_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, \_\_\_ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a Doctor of Chiropractic who is licensed by the State of Texas, and who is a Certified Strength and Conditioning Specialist. He or she has signed a certification

statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for

a determination prior to referral to \_\_\_ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the \_\_\_ reviewer who reviewed this case, based on the medical records provided, is as follows:

#### History

The patient was injured in a rear end auto collision on \_\_\_\_. She sought care from a chiropractor, and then changed to a different chiropractor on 10/24/01. She has had numerous MRIs, physical medicine, medication, aquatic therapy, manipulation, therapeutic exercises and neurostimulator treatments

#### Requested Service

Special reports, office visit w/manipulation, application of a surface neurostimulator, office visits, aquatic therapy, therapeutic activities, data analysis, neuromuscular reeducation, conference, nerve block, nerve stimulator 3/4/02-8/30/02

#### Decision

I agree with the carrier's decision to deny the requested treatment.

#### Rationale

The patient apparently had had extensive chiropractic treatment before the dates in dispute with poor results. This continued with the patient's second chiropractor during the dates in dispute. The documentation presented for this review repeatedly indicates persistent symptoms of neck pain and low back pain. On 2/13/02, three and one half months into treatment with the second chiropractor, the doctor noted that the patient's headaches were increasing, neck pain was increasing, low back pain was not changing and there was pain radiating into both hips and legs, yet the patient satisfaction level was noted as 10 out of 10, meaning most satisfied. In fact, the patient was satisfied throughout the disputed treatment time, while voicing subjective complaints. How could the patient be satisfied with treatment when she was not getting any better, even after multiple visits every week for ten months.

Use of the neurostimulator and its effectiveness are questionable. The neurostimulator was used with each treatment giving only temporary relief of symptoms. In his 1/7/02 Position Statement, the treating doctor stated that it "helped reduce the patient's pain level on each and every visit." Its effects, however, were only temporary and the patient would return on the next visit with

little, if any, relief of symptoms. No documentation was presented to support the

continued use of the neurostimulator; it was ineffective in reducing pain and improving function and was very cost ineffective.

On 4/4/02 the patient was seen by a physician who prescribed a Medrol dose pak along with Neurontin, and only then did the documentation show improvement of the patient's neck pain. But the lower back pain persisted.

The one-on-one exercise program was not medically necessary. The exercises that were supervised were very basic, fundamental exercises that could have been done at home by a reliable and compliant patient.

The use and effectiveness of aquatic therapy is questionable. On 8/3/02 the patient still had a low back pain index of 7/10. The documentation presented showed that she improved in the number of steps that she could take over an eight week period, but fails to show that it was effective in relieving her neck or low back pain. Any person would improve functionally after eight weeks of aquatic therapy, but the goal was to reduce or cure the pain. In the doctor's Position Statement, he stated, "We found that her pain levels actually improved significantly while in the pool." This statement is not consistent with the documentation presented. A pain level of 7/10 on 8/30/02 with pain radiating into the groin and leg is not an improvement. The patient can walk all over the pool and feel good, but can't carry on regular activities of daily living without increasing her pain. The aquatic therapy was not improving function or decreasing pain.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

Sincerely,