

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

SOAH DOCKET NO. 453-04-1837.M5

MDR Tracking Number: M5-03-1362-01

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 2-7-02 through 9-23-02 that were denied based upon "U".

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.

The IRO concluded that the claimant received appropriate care from 2-6-02 through 4-23-02. There was no justification for treatment beyond 4-23-02.

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(r)(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 will be reviewed by the Medical Review Division.

On May 29, 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
2-7-02 2-21-02	95851	\$36.00	\$0.00	G	\$36.00 each	Medicine GR (I)(E)(4)	<p>ROM testing is not global to chiropractic care rendered on this date.</p> <p>Lumbar ROM test report supports service billed per MFG, reimbursement of 2 dates X \$36.00 = \$72.00 is recommended.</p>
2-8-02 2-22-02	97750MT	\$43.00	\$0.00	G	\$43.00 each body area	Medicine GR (I)(E)(3) Rule 133.307(g)(3)(B)	<p>Muscle testing is not global to chiropractic care rendered on this date.</p> <p>The requestor did not submit a report for 2-22-02; therefore, reimbursement for this date is not recommended.</p> <p>Muscle testing report supports service billed per MFG on 2-8-02, reimbursement of \$43.00 is recommended.</p>
3-19-02	97750MT	\$140.00	\$0.00	G	\$43.00 each body area	Medicine GR (I)(E)(3)	<p>Muscle testing is not global to chiropractic care rendered on this date.</p> <p>The requestor did not submit a report for 3-19-02; therefore,</p>

							reimbursement for this date is not recommended.
TOTAL							The requestor is entitled to reimbursement of \$115.00.

This Decision is hereby issued this 12th day of November 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 2-7-02 through 9-5-02 in this dispute.

This Order is hereby issued this 12th day of November 2003.

Roy Lewis, Supervisor
 Medical Dispute Resolution
 Medical Review Division

May 27, 2003

Re: MDR #: M5-03-1362-01

___ 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 suffered a work-related injury on ___. He saw the "company" doctor and was returned to work. He re-aggravated his injury on ___. On 02/06/02, an evaluation was performed and a treatment program was begun, utilizing passive therapies, which progressed to active therapies.

The patient received treatment three times a week from 02/06/02 through 04/23/02. However, he did not respond favorably to this treatment, with his pain scale remaining 8 on a scale of 1 to 10. Additional diagnostic testing was performed, and appropriate referrals were made. The patient received his first lumbar epidural steroid injection on 04/24/02.

Disputed Services:

Chiropractic services from 02/07/02 through 09/23/02.

Decision:

The reviewer partially agrees with the determination of the insurance carrier. The reviewer is of the opinion that chiropractic care was medically necessary during the period of 02/07/02 through 04/23/02. The chiropractic care from 04/24/02 through 09/23/02 was not medically necessary in this case.

Rationale for Decision:

An aggressive treatment program, as ordered in this case, is reasonable, usual, customary, and medically necessary for the treatment of injuries of this nature, with documented disc involvement. This patient received appropriate chiropractic care, utilizing passive and active therapies, three times a week from 02/06/02 through 04/23/02.

The patient had not responded favorably to the initial 10 to 11 weeks of treatment. It was approximately four months post-injury, on ____, when he received his first lumbar ESI. Given the minimal response to care, there is no clinical justification for continuation of chiropractic treatment beyond 04/23/02.

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,