

MDR Tracking Number: M5-03-1422-01

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 2-13-03.

The IRO reviewed chiropractic treatment rendered from 3-21-02 through 6-14-02 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 office visits were medically necessary. The IRO concluded that all other services were not medically necessary.

On this basis, the total amount recommended for reimbursement does not represent a majority of the medical fees of the disputed healthcare and therefore, the requestor did not prevail in the IRO decision. 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.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On May 14, 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:

TWCC records revealed that the request to change treating doctors was approved to the requestor on 4-20-00. Therefore, the services will be reviewed in accordance with MFG.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
6-11-02	97124 (X2)	\$56.00	\$0.00	L	\$28.00	Rule 126.9 Rule 133.307(g)(3)(B)	According to TWCC records the requestor was the treating doctor on the disputed date of service. The requestor did not submit medical records to support billed charges per MFG or in accordance with Rule 133.307(g)(3)(B); therefore, no reimbursement is recommended.
6-11-02	99212	\$32.00	\$0.00	L	\$32.00	Rule 126.9 Rule 133.307(g)(3)(B)	According to TWCC records the requestor was the treating doctor on the disputed date of service. The requestor did not submit medical records to support billed charges per MFG or in accordance with Rule 133.307(g)(3)(B); therefore, no reimbursement is recommended.
6-11-02	97265	\$43.00	\$0.00	L	\$43.00		
6-11-02	97139PH	\$35.00	\$0.00	L	DOP		
6-11-02	99070PH	\$7.00	\$0.00	L	DOP		
6-12-02	97110 (X4)	\$140.00	\$0.00	L	\$35.00/15 min		
TOTAL							The requestor is not entitled to reimbursement.

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 3-21-02 through 6-14-02 in this dispute.

This Order is hereby issued this 14th day of November 2003.

Elizabeth Pickle
 Medical Dispute Resolution Officer
 Medical Review Division

May 13, 2003

David Martinez
 TWCC Medical Dispute Resolution
 4000 IH 35 South, MS 48
 Austin, TX 78704

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___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to ___ for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Doctor of Chiropractic. The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

This patient was working in a restraint which serves chicken when he was lifting a heavy can of shortening and he felt a pop in his low back. The records indicate an immediate onset of low back pain. He saw a company doctor shortly after the incident and later went to his current treating doctor. This occurred on ___. MRI was performed on May 31, 2000 which indicated some degeneration of the lumbar spine and a protrusion at L3/4. The records do not indicate whether MMI has ever been assessed on this patient. However, there is documentation of an exacerbation on May 14, 2002 that is described as moderate and constant on a pain scale described by the patient. There is no indication in these records as to how this exacerbation occurred, or when.

DISPUTED SERVICES

The carrier has denied the medical necessity of chiropractic treatments and physical medicine services rendered from March 21, 2002 through June 14, 2002 as medically unnecessary.

DECISION

The reviewer disagrees with the prior adverse determination regarding the office visits. The reviewer agrees with the prior adverse determination for all other services.

BASIS FOR THE DECISION

While it is reasonable to believe that a patient could have an onset of pain after 4 years, it clearly is up to the treating doctor to justify the treatment with some form of explanation as to why the treatment was rendered. There is no such explanation in this file. I do understand that the patient did have an increased pain, but why and how is not answered. The file is apparently assuming that the reviewer is able to interpolate the type of injury from the documentation presented. There is no explanation of whether this was caused by a specific trauma, a gradual onset or perhaps a combination of each. There is not an indication of whether this patient was acutely re-injured (thus justifying at least some form of the passive treatment rendered) or whether this was simply a chronic condition that the patient endures on a daily basis.

In either case, however, I feel that the office visits would have been reasonably administered to a patient in this condition. The patient certainly should have access to the treating doctor and in giving the patient the benefit of any doubt, I would find these office visits reasonable.

However, the justification for such extensive physical medicine does not exist and I would believe them to be not medically necessary.

___ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. ___ has made no determinations regarding benefits available under the injured employee's policy.

As an officer of ___, I certify that there is no known conflict between the reviewer, ___ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

___ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,