

MDR: Tracking Number M5-03-1863-01

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 March 26, 2003.

The IRO reviewed therapeutic activities, therapeutic exercises and neuromuscular re-education rendered from 9/4/02-9/6/02, 9/23/02-9/25/02, 10/28/02-11/4/02 denied based upon "U".

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.

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. The therapeutic activities, therapeutic exercises, neuromuscular re-education from 9/4/02-9/6/02, 9/23/02-9/25/02, 10/28/02-11/4/02 were not found to be medically necessary. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

The following table identifies the disputed services and Medical Review Division's rationale:

| DOS | CPT CODE | Billed | Paid | EOB Denial Code | MARS | Reference | Rationale |
|----------|-------------------------|-------------------------------|--------|-----------------|-------------------------------|---|---|
| 9/9/02 | 97530 97110 97112 | \$70.00 \$70.00 \$35.00 | \$0.00 | D | \$70.00 \$70.00 \$35.00 | <u>MFG</u> , Medicine Ground Rule (I)(A)(9)(b), (I)(A)(10)(a), (I)(A)(11) & (I)(C)(2) | Both the requester and the respondent did not submit copies of the original denials (EOBs-Explanation of Benefits), therefore the following disputed charges will be reviewed according to the <u>Medical Fee Guideline</u> . The SOAP notes do not support the services rendered as billed. Therefore, the requester is not entitled to reimbursement of therapeutic activities, therapeutic exercises and neuromuscular re-education. |
| 9/11/02 | 97530 97110 97112 | \$70.00 \$70.00 \$35.00 | \$0.00 | D | \$70.00 \$70.00 \$35.00 | | |
| 9/16/02 | 97530 97110 97112 | \$70.00 \$70.00 \$35.00 | \$0.00 | D | \$70.00 \$70.00 \$35.00 | | |
| 9/18/02 | 97530 97110 97112 | \$70.00 \$70.00 \$35.00 | \$0.00 | D | \$70.00 \$70.00 \$35.00 | | |
| 9/20/02 | 97530 97110 97112 | \$70.00 \$70.00 \$35.00 | \$0.00 | D | \$70.00 \$70.00 \$35.00 | | |
| 10/23/02 | 97530 97110 97112 | \$70.00 \$70.00 \$35.00 | \$0.00 | D | \$70.00 \$70.00 \$35.00 | | |
| 10/25/02 | 97530 97110 97112 | \$70.00 \$70.00 \$35.00 | \$0.00 | D | \$70.00 \$70.00 \$35.00 | | |

| | | | | |
|-------|------------|--------|------------|---|
| TOTAL | \$1,225.00 | \$0.00 | \$1,225.00 | The requestor is not entitled to reimbursement of the disputed charges. |
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This Decision is hereby issued this 18th day of December 2003.

Margaret Q. Ojeda
 Medical Dispute Resolution Officer
 Medical Review Division

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

July 3, 2003

Re: IRO Case # M5-03-1863-01

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. 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 injured his lower back on ___ when he bent over to pick up some cabinets. He received chiropractic care for his injury.

Requested Service(s)

Therapeutic activities, therapeutic exercises, neuromuscular re-education 9/4/02-9/6/02, 9/23/02 – 9/25/02, 10/28/02-11/4/02

Decision

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

Rationale

The patient had received chiropractic treatment prior to the dates in dispute. The documentation of treatment that was provided for this review is limited, but according to a report on 9/19/02 some progress was made and the patient was 60% better. All indications were that the patient had stabilized.

An MRI on 8/5/02 showed a moderate right-sided disk protrusion at the L5-S1 level creating right S1 nerve root compression.

In my experience with this type of injury, the prognosis with chiropractic treatment and rehabilitation is not positive. Therapeutic exercises and neuromuscular reeducation will do little to help a moderately herniated disk. Relief is usually temporary and the patient usually plateaus, necessitating ESIs or surgery. The chance of returning to original work status is minimal, with re-injury probable.

This patient had an unsuccessful trial of chiropractic treatment prior to the dates under consideration. The documentation from the chiropractor lacks objectively quantifiable findings to support treatment. The patient's condition had plateaued in a diminished state prior to the dates in dispute, and further chiropractic treatment was not reasonable or necessary.

After the MRI was obtained and an HNP was found, the patient should have been referred to a neurosurgeon for medical evaluation and treatment.

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

Sincerely,