

MDR: Tracking Number M5-03-1963-01

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 04-07-03.

The IRO reviewed office visits with manipulations, manual traction, neuromuscular re-education, electrical stimulation, therapeutic procedures and activities, and training in activities of daily living (97540) rendered from 05-01-02 through 10-02-02 that were denied based upon "V".

The Medical Review Division has reviewed the IRO decision and determined that the **requestor prevailed** on the issues of medical necessity for office visits with manipulations, neuromuscular re-education, electrical stimulation, manual traction, therapeutic procedures and activities, and training in activities of daily living. 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. For the purposes of determining compliance with the order, the Commission will add 20-days to the date the order was deemed received as outlined on page one of this order.

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 07-21-03, 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 Medical Review Division is unable to review this dispute for fee issues. Documentation was not submitted in accordance with Rule 133.307(1) to confirm services were rendered for dates of service 05-01-02, 05-03-02, 05-13-02, 05-17-02, 06-18-02, 06-26-02, and 07-09-02. Therefore reimbursement is not recommended.

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
07-30-02	99213MP	\$56.00	0.00	F	\$48.00	Rule 133.308	Soap notes support delivery of service. Recommended reimbursement \$48.00
	97014	\$20.00	0.00	F	\$20.00		Soap notes support delivery of service. Recommended reimbursement \$20.00

	97112	\$35.00	0.00	F	\$35.00		Soap notes do not confirm delivery service rendered. No reimbursement recommended.
	97110	\$26.00	0.00	F	\$26.00		Soap notes do not confirm delivery service rendered. No reimbursement recommended.
08-09-02	99213MP	\$56.00	0.00	F	\$48.00	Rule 133.308	Soap notes support delivery of service. Recommended reimbursement \$48.00
	97014	\$20.00	0.00	F	\$20.00		Soap notes support delivery of service. Recommended reimbursement \$20.00
	97112	\$35.00	0.00	F	\$35.00		Soap notes do not confirm delivery service rendered. No reimbursement recommended.
	97540	\$32.00	0.00	F	\$32.00		Soap notes do not confirm delivery service rendered. No reimbursement recommended.
	97110	\$26.00	0.00	F	\$26.00		Soap notes do not confirm delivery service rendered. No reimbursement recommended.
09-13-02	99213MP	\$56.00	0.00	F	\$48.00	Rule 133.308	Soap notes support delivery of service. Recommended reimbursement \$48.00
	97014	\$20.00	0.00	F	\$20.00		Soap notes support delivery of service. Recommended reimbursement \$20.00
	97112	\$35.00	0.00	F	\$35.00		Soap notes do not confirm delivery service rendered. No reimbursement recommended.
	97540	\$32.00	0.00	F	\$32.00		Soap notes do not confirm delivery service rendered. No reimbursement recommended.
	97110	\$26.00	0.00	F	\$26.00		Soap notes do not confirm delivery service rendered. No reimbursement recommended.
10-02-02	99213MP	\$56.00	0.00	F	\$48.00	Rule 133.308	Soap notes support delivery of service. Recommended reimbursement \$48.00
	97014	\$20.00	0.00	F	\$20.00		Soap notes support delivery of service. Recommended reimbursement \$20.00
	97112	\$35.00	0.00	F	\$35.00		Soap notes do not confirm delivery service rendered. No reimbursement recommended.
	97110	\$26.00	0.00	F	\$26.00		Soap notes do not confirm delivery service rendered. No reimbursement recommended.
TOTAL		\$1420.00					The requestor is entitled to reimbursement of \$ 272.00

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 05-01-02 through 10-02-02 in this dispute.

This Decision is hereby issued this 3rd day of February 2004.

Georgina Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

July 15, 2003

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-03-1963-01

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). ___ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ___ for independent review in accordance with this Rule.

___ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing chiropractor on the ___ external review panel. The ___ chiropractor reviewer signed a statement certifying that no known conflicts of interest exist between this chiropractor and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ___ for independent review. In addition, the ___ chiropractor reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 44 year-old female who sustained a work related injury on ___. The patient reported that while at work she was mopping the floor when she attempted to lift the mop bucket up into the sink. The patient reported that she experienced immediate low back pain. The patient underwent X-Rays and a CT scan on 3/30/01 showed prominent right central L5-S1 disc herniation. The patient was initially treated with physical therapy. The patient underwent a lumbar laminectomy in July 2001. The patient reported an increase in pain in October of 2001 and underwent a CT scan, epidural steroid injection and a myelogram. Diagnoses for this patient have included recurrent right lumbar radiculopathy, status post right L5-S1 lumbar laminectomy, and probable recurrent right L5-S1 disc herniation with disc disruption.

Requested Services

Office visits with manipulations, neuromuscular re-education, electrical stimulation, therapeutic procedure & activities from 8/21/02 through 8/23/02.

Decision

The Carrier's determination that these services were not medically necessary for the treatment of this patient's condition is overturned.

Rationale/Basis for Decision

The ___ chiropractor reviewer noted that this case concerns a 44 year-old female who sustained a work related injury to her low back on ___. The ___ chiropractor reviewer also noted that the patient underwent X-Rays and a CT scan on 3/30/01 that showed prominent right central L5-S1 disc herniation. The ___ chiropractor reviewer further noted that the patient underwent a lumbar laminectomy in July 2001. The ___ chiropractor reviewer indicated that the patient has an apparent recurrent herniated nucleus pulposus after one failed surgical intervention. The ___ chiropractor reviewer noted that the patient was progressing slowly but getting some relief with conservative care. The ___ chiropractor reviewer explained that the patient experienced an exacerbation in August of 2002. The ___ chiropractor reviewer indicated that the patient was treated twice in August and reported a decrease in pain by the third visit. The ___ chiropractor reviewer explained that the patient required further surgical intervention. The ___ chiropractor reviewer also explained that until the surgical intervention is approved the patient required treatment with conservative measures and pain medications. The ___ chiropractor reviewer further explained that the patient required treatment for periodic care for documented exacerbations of pain. Therefore, the ___ chiropractor consultant concluded that the office visits with manipulations, neuromuscular re-education, electrical stimulation, therapeutic procedure & activities from 8/21/02 through 8/23/02 were medically necessary to treat this patient's condition.

Sincerely,