

MDR: Tracking Number M5-03-1986-01

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 12-2-02.

The IRO reviewed chiropractic treatments (manual traction, aquatic therapy, myofascial release, and therapeutic procedures) rendered from 05-13-02 through 01-23-03 that were 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 for chiropractic treatments for dates of service 09-12-02 through 01-23-03.

The Medical Review Division has reviewed the IRO decision and determined that the **requestor prevailed** on the issues of medical necessity for chiropractic treatments for dates of service 05-13-02 through 09-11-02. 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 July 17, 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. Neither party submitted EOB's. Therefore dos 12-19-03 through 2-17-03 will be received as a general fee dispute.

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
12/19/03	99213	51.00	0.00	No EOB	48.00	MFG, E/M MGR (VI)(B.)	SOAP notes support delivery of service. Reimbursement recommended in the amount of \$48.00
01/10/03	99080-73	15.00	0.00	No EOB	15.00	MFG, MGR CPT descriptor	SOAP notes confirm delivery of service. Recommended reimbursement \$15.00
01/10/03	99213-MP	51.00	0.00	No EOB	48.00	MFG, MGR (I)(B)(1)(b)	Requestor submitted SOAP notes to support delivery of service. Reimbursement is recommended in the amount of

							\$48.00.
01/10/03	99455-RP	53.00	0.00	No EOB	50.00	MFG, E/M GR (XXII) (D)(2)	SOAP notes confirm delivery of service. Recommended reimbursement \$50.00
01/27/03	99213-MP	51.00	0.00	No EOB	48.00	MFG, MGR (I)(B)(1)(b)	Requestor submitted SOAP notes to support delivery of service. Reimbursement is recommended in the amount of \$48.00
02/11/03	99213-MP	51.00	0.00	No EOB	48.00	MFG, MGR (I)(B)(1)(b)	Requestor submitted SOAP notes to support delivery of service. Reimbursement is recommended in the amount of \$48.00
02/17/03	99213-MP	51.00	0.00	No EOB	48.00	MFG, MGR (I)(B)(1)(b)	Requestor submitted SOAP notes to support delivery of service. Reimbursement is recommended in the amount of \$48.00
TOTAL		\$323.00					The requestor is entitled to reimbursement of \$305.00

This Decision is hereby issued this 30th day of December 2003.

Georgina Rodriguez
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 05-13-02 through 02-17-03 in this dispute.

This Order is hereby issued this 30th day of December 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

NOTICE OF INDEPENDENT REVIEW DECISION

July 9, 2003

Rosalinda Lopez
Program Administrator
Medical Review Division

Texas Workers Compensation Commission
4000 South IH-35, MS 48
Austin, TX 78704-7491

RE: MDR Tracking #: M5-03-1986-01
IRO Certificate #: IRO4326

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced 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 rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. ___ health care professional has signed a certification statement stating 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 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 this case.

Clinical History

This patient sustained an injury while riding in a maintenance truck on ___. A cargo trailer fell off another vehicle and hit the patient's vehicle, knocking him unconscious. He later complained of neck and low back pain. A post-discography CT dated 02/05/03 revealed a grade 5 tear at L5-S1 and protrusions at L3-4 and L4-5. This patient had a percutaneous nucleoplasty/decompression surgery at L5-S1 on 03/05/03.

Requested Service(s)

Chiropractic treatments rendered from 05/13/02 through 01/23/03

Decision

It is determined that the chiropractic treatments rendered from 05/13/02 through 09/11/02 were medically necessary to treat this patient's condition. However, it is determined that the chiropractic treatments rendered from 09/12/02 through 01/23/03 were not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

This patient had extensive conservative care and diagnostic testing which revealed positive findings. He continued to receive some passive but mostly active therapy in conjunction with the referrals to specialists and while epidural steroids were performed. Each procedure code performed was adequately documented with SOAP notes on each date of service explaining the rationale and the benefit of the treatment.

On 09/11/02, the patient was placed at maximum medical improvement with a 0% impairment rating. Further chiropractic care past that point was not clinically supported by the national treatment guidelines of either ___.

In fact, these guidelines normally only allow up to 12 weeks of care. Therefore, it is determined that the chiropractic treatments rendered from 05/13/02 through 09/11/02 were medically necessary to treat this patient's condition.

However, it is determined that the chiropractic treatments rendered from 09/12/02 through 01/23/03 were not medically necessary.

Sincerely,