

MDR Tracking Number: M5-03-2166-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective January 1, 2003 and Commission Rule 133.305 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.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous adverse determination that the joint mobilization, myofascial release, manual traction, therapeutic exercises, NCV, somatosensory testing, H/F reflex study and office visits with manipulations were **not found to be medically necessary**. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Division has determined that the joint mobilization, myofascial release, manual traction, therapeutic exercises, NCV, somatosensory testing, H/F reflex study and office visits with manipulations were the only fees involved in the medical dispute to be resolved. As the treatment was **not found to be medically necessary**, reimbursement for dates of service from 6/4/02 through 9/3/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 3rd day of July 2003.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division
MQO/mqo

June 30, 2003

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IRO Certificate # 5259

An independent review of the above-referenced case has been completed by a medical physician [board certified] in chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by ____, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

____ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or

providers or any of the physicians or providers who reviewed the case for determination prior to referral to ____.

CLINICAL HISTORY

Based on materials provided for review, it appears that this patient reports an injury to his lower back as a result of lifting building materials at his place of work on _____. No employer's first report (E-1) is provided for review. The patient appears to have presented initially to an occupational medical center recommended by his employer. He was apparently given medications and returned to light duty. He later presents to _____, for chiropractic examination on 06/30/02 where he is diagnosed with lumbar disk disease, lumbar facet syndrome, nerve root compression, and lumbar sprain. X-rays are apparently found to suggest anterior wt. bearing and ligamentous laxity, with multiple pre-existing degenerative changes. Multiple CPT and Range of Motion tests appear to be made with no specific clinical correlation provided. MRI is obtained on 06/24/02 suggesting 3mm posterior disc herniation at L5/S1. Patient is referred for specialty evaluation with _____ on 07/08/02 and is found with displaced disc, lumbar strain, and trigger points. Medications and pain injections appear to be recommended. Electrodiagnostic study is performed on 07/31/02 suggesting motor nerve conduction on both lower extremities within normal limits. There are a number of unsigned neurodiagnostic reports from _____ indicating a testing date of 02/07/31. There are also a number of Ergos Functional Performance reports signed by _____ that are undated or appear to have a date of 11/03/98. There also appears to be an unsigned Work Tolerance Test dated 06/21/91. A designated doctor evaluation is made on 09/12/02 by an _____, suggesting that the patient has not reached MMI but was expected to be able to achieve this by 12/11/02. The patient is apparently seen by a _____, on 11/02/02 and is found with lumbosacral spondylosis and early degenerative disc disease. An EMG performed 01/06/03 suggests a normal electromyographic study of the lower extremities. Apparently, a myelogram and post-myelogram CT has been ordered but report of this is not provided for review. There was a bone scan performed 02/03/02 that is found essentially unremarkable. A second designated doctor evaluation is made on 03/10/03 with a _____ indicating no presence of radiculopathy or nerve root tension signs. His impressions suggest non-specific lumbar pain with lumbar HNP. He also notes that without the results of the myelogram, MMI cannot be determined. If myelogram is found to be unremarkable he feels MMI can be established by approximately 04/10/03. Chiropractic treatment and progress notes are for 06/03/02 thru 09/03/02 only. These appear to be computer generated, unsigned, and frequently incomplete (_____ describes aching muscles at). These notes also appear to describe posterior neck conditions that seem to have no casual relationship to reported injury. Treatment appears to be provided at 5x per week for 2 weeks then 4x per week for 6 weeks including both active and passive modalities. Anticipated release is established at 07/31/02. Chiropractor appears to provide manipulation and manual traction all to the same area within the same visit. Patient subjective pain levels remain unchanged at 5/10 or 4/10 with some chiropractic notes indicating as many as 3-4 different pain levels with each encounter. As of 07/26/02, chiropractic notes suggest pain scale numbers at 4, 2, 3, and 2 again. Without any documentation of exacerbation or re-injury, anticipated release date is changed to 08/30/02. No change in frequency or level of care appears to be made. Anticipated release date is changed again on 08/16/02 to 9/30/02, again with no explanation or rationale. Frequency of care is reduced to 1x per week from 08/16/02 thru 09/30/02.

REQUESTED SERVICE (S)

Determine Medical Necessity & Appropriateness of Treatment for Office Visits w/ manipulation, joint mobilization, myofascial release, manual traction, therapeutic exercises, NCV somatosensory testing, H?F reflex study (Items in Dispute).

DECISION

*Office Visits (99213-MP) 06/04/02-09/03/02: The 99214 E/M service performed by doctors of chiropractic in the Texas Worker's Compensation System generally includes a physical evaluation component as well as a management component which includes manipulation and mobilization unless otherwise distinguished. On multiple treatment sessions from 06/04/02 through 09/03/02, the chiropractor provided manipulation (as indicated by the -MP modifier), mobilization (97265), myofascial release (97250), and manual traction (97122) to the same area effecting the same tissues and structures. No appropriate modifier is used to distinguish these similar manual therapies from the primary procedure performed as the management component of service. This appears to be a duplication of same or similar services and the concurrent nature of these 4 procedures is not supported by clinical rationale for these services as provided. There is some clinical rationale for the use of manipulation or mobilization, but not both provided simultaneously. The description for myofascial release and manual traction both appear to be for the similar purpose of stretching muscles, ligaments, and contractile tissues. It would appear to be reasonable to apply chiropractic manipulation and perhaps one or two of these passive modalities up to the anticipated release date of 07/31/02. However, beyond this period, there is little rationale for continuation at these levels of frequency or duration without status change such as exacerbation or re-injury (which is not documented).

*95900-27, 95904-27, 95925-27 & 95935 Neurodiagnostic Services (technical component). This service appears to have been billed on 07/31/02 and appears to correspond to services provided by ___ and ___. There is no DOP regarding nature of technical component provided by ___ and no technician is identified in documentation. There are documents dated 02/07/31, but it is not understood why these were included. This separate service does not appear medically necessary or reasonable as billed and dated.

*Therapeutic Exercise (97110) requires DOP, suggesting measurable change through the application of clinical skills in an attempt to improve specific issues of function. No separate therapist notes are provided for outlining who observed or supervised these activities or exactly which activities are provided and for which functional deficit. Though some therapeutic exercise does appear generally appropriate, there is no explanation as to why home exercise and self care instruction is not provided within a reasonable period within the natural course of care. Medical necessity for level and duration of these services is not supported by documentation.

RATIONALE/BASIS FOR DECISION

With objective data confirming no specific radiculopathy or neuropathy other than degenerative changes observed in imaging, the working diagnosis appears to be lumbar HNP with mechanical and soft tissue sprain. The natural history of resolution of disorders of this nature (lumbar sprain/strain) rarely exceed eight (8) weeks duration without specific complication. No specific complicating factors are outlined in objective testing or doctor's notes (neuropathy, exacerbation, re-injury etc.).

In addition, no review of initial medical reports or x-ray findings from initial provider is made. With DOI not established at ____, there appears to be little evidence supporting necessity and rationale for treatment at these levels beyond anticipated release date of 07/31/02. Finally, there are many irregularities in chiropractic reporting that question the necessity of level, frequency, and duration of care provided (e.g. multiple pain scale levels, repeated incomplete sentences). There are also many inconsistencies in medical reporting, chiropractic reporting, and advanced testing that questions the specific issues of medical necessity (e.g. unusual dates, conflicting ortho/neuro findings).