MDR Tracking Number: M5-03-2407-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June17, 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 May 29, 2003.

The IRO reviewed office visits with manipulations, massage therapy, manual traction, electrical stimulation and application of a modality rendered on 5/29/02 through 7/12/02, denied based upon "V".

The Medical Review Division has reviewed the IRO decision and determined that the **requestor did not prevail** on the issues of medical necessity. Therefore, the requestor is not entitled to reimbursement of the 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 office visits with manipulations, massage therapy, manual traction, electrical stimulation and application of a modality from 5/29/02 through 7/12/02 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.

On August 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.

Both the requestor and the respondent failed to submit copies of EOBs, therefore due to the lack of EOBs the following dates of service will be reviewed according to the MFG.

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

DOS	CPT CODE	BILLED	PAID	EOB Denial Code	MAR$	REFERENCE	RATIONALE
6/5/02	99214-MP	$100.00	$0.00	No EOB	$71.00	MFG, Medicine Ground Rule (I)(B)(2)(a)	The requester did not submit relevant information to support delivery of service. The requestor, is therefore, not entitled to reimbursement.
6/5/02	97530	$35.00	$0.00	No EOB	$35.00	MFG, Medicine Ground Rule (I)(A)(11)(b)	Review of the office note submitted by the requester supports delivery of service, therefore the requester is entitled to reimbursement in the amount of $35.00.
6/7/02	99213-MP	$60.00	$0.00	No EOB	$48.00	MFG, Medicine Ground Rule	The requester did not submit relevant information to support delivery of service. The

						(I)(B)(1)(b)	requestor, is therefore, not entitled to reimbursement.
6/7/02	99080-73	$15.00	$0.00	No EOB	$15.00	Rule 129.5 CPT Code descriptor	Review of the office note submitted by the requester supports delivery of service, therefore the requester is entitled to reimbursement in the amount of $15.00.
6/13/03	99214-MP	$100.00	$0.00	No EOB	$71.00	MFG, Medicine Ground Rule (I)(B)(2)(a)	The requester did not submit relevant information to support delivery of service. The requestor, is therefore, not entitled to reimbursement.
6/19/02	97530	$35.00	$0.00	No EOB	$35.00	MFG, Medicine Ground Rule (I)(A)(11)(b)	Review of the office note submitted by the requester supports delivery of service, therefore the requester is entitled to reimbursement in the amount of $35.00.
6/21/02	97530	$35.00	$0.00	No EOB	$35.00	MFG, Medicine Ground Rule (I)(A)(11)(b)	Review of the office note submitted by the requester supports delivery of service, therefore the requester is entitled to reimbursement in the amount of $35.00.
6/28/02	97530	$35.00	$0.00	No EOB	$35.00	MFG, Medicine Ground Rule (I)(A)(11)(b)	Review of the office note submitted by the requester supports delivery of service, therefore the requester is entitled to reimbursement in the amount of $35.00.
7/1/02	97530	$35.00	$0.00	No EOB	$35.00	MFG, Medicine Ground Rule (I)(A)(11)(b)	Review of the office note submitted by the requester supports delivery of service, therefore the requester is entitled to reimbursement in the amount of $35.00.
7/12/02	99214-MP	$100.00	$0.00	No EOB	$71.00	MFG, Medicine Ground Rule (I)(B)(2)(a)	Review of the office note submitted by the requester supports delivery of service, therefore the requester is entitled to reimbursement in the amount of $71.00.
7/12/02	97530	$35.00	$0.00	No EOB	$35.00	MFG, Medicine Ground Rule (I)(A)(11)(b)	Review of the office note submitted by the requester supports delivery of service, therefore the requester is entitled to reimbursement in the amount of $35.00.

7/12/02	99080-73	$15.00	$0.00	No EOB	$15.00	Rule 129.5 CPT Code descriptor	The requester did not submit relevant information to support delivery of service. The requestor, is therefore, not entitled to reimbursement.
TOTAL		$600.00	$0.00		$501.00		The requester is entitled to reimbursement in the amount of $296.00.

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 6/5/02 through 7/12/02 in this dispute.

This Order is hereby issued this 9th day of January 2004.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division

MQO/mqo

August 12, 2003

Re: Medical Dispute Resolution
MDR #: M5-03-2407-01

___ has performed an independent review of the medical records of the above-named case to ___ determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is Certified in Chiropractic Medicine.

Clinical History:
This female claimant injured her head and back in a work-related accident on___. She was transported to the emergency room by an emergency response team that was called. After an examination, she was released with medications and instructions to follow up for continued care. She later presented on or around 03/05/01 for evaluation and treatment.

She was treated with passive modalities with apparent slow recovery. She entered a work-conditioning program on 12/04/01 that went through 01/25/02.

On 01/25/02, the patient had gynecological difficulties with associated bleeding and was treated elsewhere for that condition. She then returned for care on or around 03/08/02. The patient entered the office in a weakened state and could not start on an active program. Therefore, she

was re-started on passive therapies. Kinetic activities were introduced 06/07/02, along with continued passive therapies through 07/12/02, at which time the patient, apparently, sought care from another practitioner.

Multiple diagnostic testing was completed, indicating cervical and lumbar disc derangement, but no neurological radicular findings were identified on electrical myography and/or nerve conduction velocity testing. The patient under went an Independent Medical Evaluation, a Designated Doctor Examination, and placed at MMI with a total whole-person impairment rating of 14% on 06/11/02.

Disputed Services:
Office visits with manipulation, massage therapy, manual traction, electrical stimulation, and application of a modality during the period of 05/29/02 thru 07/12/02.

Decision:
The reviewer agrees with the determination of the insurance carrier and is of the opinion that the services in question were not medically necessary in this case.

Rationale:
This patient had undergone a trial of passive modalities from 03/08/02 thru 05/29/02 (almost three months), which apparently made very little change in her pain score. No outcome assessment tools indicating her level of improvement were provided for review. There are no indications that a specific outcome tool was utilized to determine her level of improvement on activities of daily living.

Passive therapies are to be utilized in acute and/or sub-acute stage on a trial basis of four to six weeks. Typically, if there is no improvement, the passive therapies are then either changes or stopped. Specific criteria, usually out come assessment tools, are utilized to help determine such improvement and documentation.

The office records for the dates in question do not show improvement in the patient's pain score and, by the patient's admission, only slight relief. She had not been able to increase her activities since the treatment began. These are interpreted by the reviewer as meaning there was little or no improvement. Therefore, passive modalities should have been discontinued unless there are other indicators to re-start them. If a patient has a less than expected response to a procedural, then other avenues of treatment or screening are needed. No evaluation for functional overlay was included in the office notes or reports.

The sources for screening criteria utilized are:

- *Guidelines for Chiropractic Quality Assurance and Practice Parameters*, commonly known as the Mercy Center Guidelines, Chapter 8—Frequency and Duration of Care, Chapter 9—Reassessment, Chapter 10—Outcome Assessment, and Chapter 11—Collaborative Care.
- *North America Spine Society Clinical Guidelines for Multiple Disciplinary Spine Care Specialists*.
- *Frequency and Duration of Care: Proposed Algorithms for Enhanced Understanding of Contemporary Chiropractic Guidelines*, produced by Daniel T. Hansen, D.C., Member and Panelist of the Mercy Conference Steering Committee.

According to Texas Labor Code 408:021(a), an employee is entitled to the care reasonably required in association with their injury and the treatment thereof. If the patient's condition is not stable, the care to maintain and promote healing is medically necessary.

I am the Secretary and General Counsel of ___ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Sincerely,