

MDR Tracking Number: M5-03-2644-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 titled Medical Dispute Resolution of a Medical Fee Dispute, 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 6-18-03.

The IRO reviewed therapeutic exercises, myofascial release, electrical stimulation, brace support, office visits, hot/cold packs, mechanical traction, group therapeutic procedures, and office visits w/ manipulations rendered from 7-1-02 through 12-6-02.

The Medical Review Division has reviewed the IRO decision and determined that the **requestor prevailed** on the issues of medical necessity. 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.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Max. Allowable Reimbursement)	Reference	Rationale
7-17-02 9-16-02 9-18-02 9-19-02 11-6-02 11/11/02 11/13/02 11/18/02 11/20/02 11/22/02 11/25/02 11/27/02 12/4/02 12/6/02	99212	35.00 x 14	0.00	F	32.00	96 MFG E/M GR VI B and Rule 133.307 (g) (3)	Relevant documentation was not submitted to support delivery of service. No reimbursement recommended.
11/4/02	99213MP	50.00	0.00	S	48.00	96 MFG Med GR I B 1 b and Rule 133.307 (g) (3)	Relevant documentation was not submitted to support delivery of service. No reimbursement recommended.
TOTAL		540.00			1		The requestor is not entitled to reimbursement.

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 9-17-03, 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 following table identifies the disputed services and Medical Review Division's rationale:

This Decision is hereby issued this 20th day of January 2004.

Dee Z. Torres
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 7-1-02 through 12-6-02 in this dispute.

This Order is hereby issued this 20th day of January 2004.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

September 8, 2003

Re: Medical Dispute Resolution
MDR #: M5-03-2644-01
TWCC#:
IRO Certificate No.: IRO 5055

___ 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 male claimant was injured while at work on _____. An MRI of the lumbar spine on 03/06/02 revealed a dehydrated L5-S1 intervertebral disc without focal contour abnormality of the disc and a slightly bulky bilateral L5-S1 facet joint, suggesting minimal facet arthrosis. He underwent a double hernia repair and began physical therapy.

The patient was evaluated by a designated doctor on 08/22/02, 01/22/03, and 06/24/03. On 08/22/02, this doctor stated that the patient "... continued to have low back pain and is due for his third epidural injection...he may benefit from additional weeks of continued physical therapy." Notes on 06/24/03 stated that the patient underwent lumbar facet injection with limited pain relief, and percutaneous radio frequency denervation, medial branch neurotomy without temporary pain relief. The designated doctor determined that the patient was not at MMI as of 06/24/03. The patient continues to have low back pain that radiates down the lateral aspects of the thigh to the calf.

Disputed Services:

Therapeutic exercise, myofascial release, electrical stimulation, brace support, office visits, hot or cold packs, mechanical traction, group therapy procedures, and office visits with manipulation during the period of 07/01/02 through 12/06/02.

Decision:

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that the services in question were medically necessary in this case.

Rationale:

The designated doctor's note of 08/22/02 stated that the patient continued to experience pain and would benefit from additional weeks of physical therapy. As of 06/24/03, the patient was still not at MMI. The treatment provided was consistent with the Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters. Therefore, the disputed services were appropriate and helped relieve the symptomatology naturally resulting from the patient's injury.

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,