

MDR Tracking Number: M5-03-2691-01

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 6-23-03.

The IRO reviewed office visits w/manipulations, office visits, phone call to physician, special reports, and therapeutic activities rendered from 9-3-02 to 10-31-02 and 12-3-02 to 3-18-03.

The Medical Review Division has reviewed the IRO decision and determined that the **requestor prevailed** on the majority of the medical necessity issues. The IRO concluded that the office visits w/manipulations, office visits, phone call to physician, special reports, and therapeutic activities from 9-3-02 through 10-31-02 were medically necessary. The IRO agreed with the carrier's previous determination that the electrical stimulation and ultrasound from 9-3-02 through 10-31-02 and all treatment from 12-3-02 through 3-18-03 were **not** medically necessary. 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.

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.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Max. Allowable Reimbursement)	Reference	Rationale
11-4-02 11-6-02	99213-MP 97014 97530 97035	50.00x2 15.00x2 35.00x2 22.00x2	0.00	F, D	48.00 15.00 35.00 ea 15 min 22.00	96 MFG Med GR I B 1 b; I A 10 a Rule 133.307 (g) (3)	Office Visit notes support delivery of services. Recommend reimbursement of \$240.00
TOTAL		244.00					The requestor is entitled to reimbursement of \$240.00.

The above Findings and Decision are hereby issued this 23<sup>rd</sup> day of January 2004.

Dee Z. Torres  
Medical Dispute Resolution Officer  
Medical Review Division

### **ORDER**

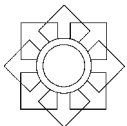
Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Decision is applicable for dates of service 9-03-02 through 10-31-02 in this dispute.

This Order is hereby issued this 23<sup>rd</sup> day of January 2004.

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division

RL/dzt

Enclosure: IRO Decision



## **Texas Medical Foundation**

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Austin, Texas 78746-5799  
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### **NOTICE OF INDEPENDENT REVIEW DECISION**

September 9, 2003

Program Administrator  
Medical Review Division  
Texas Workers Compensation Commission  
4000 South IH-35, MS 48  
Austin, TX 78704-7491

RE: Injured Worker: \_\_\_\_\_  
MDR Tracking #: M5-03-2691-01  
IRO Certificate #: IRO4326

The Texas Medical Foundation (TMF) 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 TMF for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

TMF 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. TMF's 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 TMF 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 a low back injury while twisting to reach for a wet mop that was slipping out of her hands on \_\_\_\_\_. She reported hearing a pop in her back and developed pain that radiated down into her left buttock and down her left leg. She saw a chiropractor for treatment and passive and active therapies. The patient had also seen a chronic pain management physician.

#### Requested Service(s)

Office visits with manipulations, office visits, phone call to physician, special reports, therapeutic activities, electrical stimulation, and ultrasound from 09/03/02 through 10/31/02 and 12/03/02 through 03/18/03

#### Decision

It is determined that the office visits with manipulations, office visits, phone call to physician, special reports, and therapeutic activities from 09/03/02 through 10/31/02 were medically necessary to treat this patient's condition. However, it is determined that the electrical stimulation and ultrasound from 09/03/02 through 10/31/02 were not medically necessary to treat this patient's condition. All treatment from 12/03/02 through 03/18/03 was not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

This patient was started on an intensive conservative treatment program. She underwent passive and active therapy. An MRI dated 08/15/02 revealed two small bulging discs but no frank herniation. Electrodiagnostic testing showed marked neuropathic changes extending into the right foot primarily. It was noted to consider the onset of peripheral neuropathy may have been secondary to systemic disease as a possible explanation for marked sensory changes. Appropriate referrals were made and facet involvement was diagnosed. The patient had excellent response to her diagnostic lumbar median branch block.

National treatment guidelines allow for passive therapy with the progression into active therapy. Chiropractic manipulations normally produce favorable results, especially with facet joint involvement. Under normal circumstances, national treatment guidelines allow six to eight weeks of passive and active treatment. However, due to this patient's condition with documented diagnostic testing and referrals to specialists, up to an additional eight weeks of active therapy would be warranted. However, passive therapy beyond the initial eight weeks would not be medically indicated or appropriate. Therefore, It is determined that the office visits with manipulations, office visits, phone call to physician, special reports, and therapeutic activities from 09/03/02 through 10/31/02 were medically necessary. However, it is determined that the electrical stimulation and ultrasound from 09/03/02 through 10/31/02 were not medically necessary. In addition, all treatment rendered from 12/03/02 through 03/18/03 was not medically necessary to treat this patient's condition.

Sincerely,

A handwritten signature in black ink, appearing to read "Gordon B. Strom, Jr.", written in a cursive style.

Gordon B. Strom, Jr., MD  
Director of Medical Assessment

GBS:vn