

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, 133.307 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 June 26, 2003.

The IRO reviewed therapeutic procedure, physical medicine treatment, office visits w/manipulations, special reports, office visits, and work conditioning rendered from 7/10/02 through 10/11/02 denied based upon "V".

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.

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 August 26, 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 charge noted below 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	MARS	Reference	Rationale
7/24/02	97010	\$15.00	\$0.00	No EOB	\$11.00	Rule 133.307 <u>MFG. Medicine Ground Rule</u> (I)(A)(9)(a)(ii) & (I)(A)(10)(a)	Review of the "Occupation therapy Daily Treatment Log" dated 7/24/02 documents delivery of service. The requestor is therefore entitled to reimbursement in the amount of \$11.00.
TOTAL		\$15.00	\$0.00		\$11.00		The requestor is entitled to reimbursement of \$11.00 .

This Decision is hereby issued this 27th day of January 2004.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division

MQO/mqo

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 7/10/02 through 10/11/02 in this dispute.

This Order is hereby issued this 27th day of January 2004.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/mqo

August 19, 2003

Re: Medical Dispute Resolution
MDR #: M5-03-2727-01

___ 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 male claimant injured his low back on ___ while on his job. His pain level increased and he was experiencing right low back pain, with pain into the right thigh and shin. He had a previous injury that required surgery to his lower back on ___. An MRI on 05/22/02 of the current injury showed disc bulges and canal stenosis from L-4 through S-1. He underwent an EMG/NCV in July 2002. On 12/06/02, he was released at Maximum Medical Improvement following two FEC, with a 10% impairment.

Disputed Services:

Therapeutic procedure, physical medicine treatment, office visits w/manipulations, special reports, office visits, and work conditioning during the period of 07/10/02 through 10/11/02.

Decision:

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

Rationale:

All of the patient's care was consistent with the recognized Spinal Treatment Guidelines. The documentation shows consistent progression of the patient's condition with the conservative care. Documentation also shows valid reasons, such as decreased muscle strength and decreased range of motion, to continue the care. The extended two weeks of the work conditioning program validate themselves by the patient's return to his previous job without limitations and without having to undergo surgery or job re-training. The outcome of this case justifies the treatment.

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,