MDR Tracking Number: M5-03-2832-01

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 <u>Medical Dispute Resolution- General</u> and 133.308 titled <u>Medical Dispute Resolution by</u> <u>Independent Review Organizations</u>, 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 7-7-03.

The IRO reviewed office visits, electrical stimulation, ultrasound, neuromuscular re-education, myofascial release, supplies, and unlisted therapeutic procedure rendered from 7-24-02 through 8-2-02 and 8-13-02 through 12-9-02 that were denied based upon not medically necessary.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. Consequently, the requestor is not owed a refund of the paid IRO fee.

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 October 7, 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.

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

DOS	СРТ	Billed	Paid	EOB	MAR\$	Reference	Rationale
	CODE			Denial	(Maximum		
				Code	Allowable		
					Reimbursement)		
8/8/02	95900-27	384.00	0.00	Κ	64.00 each nerve	96 MFG	Respondent denied services as "K
	95904-27	384.00			64.00 each nerve	Med GR	– not appropriate HCP." Per
	95935-27	256.00			53.00 per study	IV D; IV B	TWCC records, Dr. Pritchett is
	95925-27	350.00			175.00		the treating doctor of record. No
	95999	510.00			DOP		documentation was submitted for
					(Requestor billed		the technical component of the
					for technical		procedure; therefore, no
					component only		reimbursement recommended.
					- Reimbursement		
					is 70% of the		
					listed value.)		
TOTAL	4	1884.00	0.00				The requestor is not entitled to
							reimbursement.

This Decision is hereby issued this 6th day of January 2004.

Dee Z. Torres Medical Dispute Resolution Officer Medical Review Division

September 9, 2003

David Martinez TWCC Medical Dispute Resolution 4000 IH 35 South, MS 48 Austin, TX 78704

MDR Tracking # IRO # M5-03-2832-01 5251

_____has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to _____ for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Doctor of Chiropractic. The _____ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to _____ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

The patient was injured in _____ when he was working as a _____ and the truck rolled over while he was driving, causing him to be injured in his neck, shoulders and head/face areas. He initially was seen by a _____ and later changed to _____. He had surgery performed by ______ in both November and December of 2000. The November surgery was for an anterior diskectomy/fusion at C5-6 and the installation of instrumentation. The instrumentation was removed in the December surgery, but instrumentation was installed at the level of C5/C6/C7. MRI had revealed a herniation at C5/6 and a protrusion at C4/5 in October of 2000. CT was performed in August of 2002 which indicated that the hardware remained in place. Neurodiagnostic studies were performed in June of 2001 which indicated that there was a radiculopathy at the level of C7.

DISPUTED SERVICES

Under dispute is the medical necessity of office visits, electrical stimulation, ultrasound, neuromuscular re-education, myofascial release, supplies and unlisted therapeutic procedure from 7/24/02-8/2/02 and 8/13/02-12/9/02.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

This is a very complex case, but the requestor on this case failed to adequately document the patient's progress. The reviewer would like to have seen OSWESTRY scores or other objective measurements of progress by a patient with this serious of an injury. The passive care that was being rendered is not documented as being effective on a patient and certainly spinal manipulation on a post-surgical cervical spine would give cause for alarm in some cases. While there are techniques which could be effective for pain control on a surgical case, as well a functional restoration of motion, it is undocumented in this case as to what technique was used or the overall outcomes of the treatment program. The documentation that we see in this note package is indicative that progress was not made, but rather a maintenance approach was taken to the patient's case. While some patients may need ongoing care, the records should document a progressive improvement in the patient. The records of the requestor only indicated that the patient was "up and down" and never really improved. I see no indication what the treatment goals were or when the treatment would be completed. As a result, this case is found to not be medically necessary.

has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. has made no determinations regarding benefits available under the injured employee's policy

As an officer of _____, I certify that there is no known conflict between the reviewer, _____ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

_____ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,