MDR Tracking Number: M5-03-2875-01

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 4-15-02.

Dates of service prior to 4-15-01 were submitted untimely per above referenced Rule and will not be considered further in this decision.

The IRO reviewed office visits and physical therapy services rendered from 04-30-01 through 11-26-01 that were denied based upon "T" or "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.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On September 4, 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:

On November 3, 2002 a Benefit Review Conference Agreement was reached that compensable injury existed in claimant's lumbar spine. There is no supporting documentation that a re-audit was performed on services denied with "R" or "E"; therefore, they will be reviewed in accordance with *Medical Fee Guideline.*

No EOB: Neither party in the dispute submitted EOBs for some of the disputed services identified above. Since the insurance carrier did not raise the issue in their response that they had not had the opportunity to audit these bills and did not submit copies of the EOBs, the Medical Review Division will review these services per *Medical Fee Guideline.*

The EOB indicates that disputed office visits rendered on 11-9-01, 11-12-01 and 11-14-01 were denied based upon "880026." This denial code is not recognized by TWCC; therefore, they will be reviewed in accordance with *Medical Fee Guideline.*

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR$ (Maximum Allowable Reimbursement)	Reference	Rationale
4-25-01	99213	$48.00	$0.00	R	$48.00	CPT Code Descriptor	MAR reimbursement of $48.00 is recommended.
4-25-01	97110 (5)	$175.00	$0.00	R	$35.00 / 15 min	CPT Code Descriptor	MAR reimbursement of $175.00 is recommended.
4-25-01	97035	$22.00	$0.00	R	$22.00	CPT Code Descriptor	MAR reimbursement of $22.00 is recommended.
4-25-01	97250	$43.00	$0.00	R	$43.00	CPT Code Descriptor	MAR reimbursement of $43.00 is recommended.
4-25-01	97265	$43.00	$0.00	R	$43.00	CPT Code Descriptor	MAR reimbursement of $43.00 is recommended.
5-24-01	99214	$71.00	$0.00	E	$71.00	CPT Code Descriptor	MAR reimbursement of $71.00 is recommended.
5-30-01 6-4-01 6-8-01 6-11-01 6-14-01 9-19-01 9-21-01 9-24-01 9-26-01	99213	$48.00	$0.00	E	$48.00	CPT Code Descriptor	MAR reimbursement of $48.00 X 9 dates = $432.00 is recommended.
9-7-01 9-12-01 9-14-01 9-17-01	99213	$48.00	$0.00	No EOB	$48.00	CPT Code Descriptor	MAR reimbursement of $48.00 X 4 dates = $192.00 is recommended.
11-9-01 11-12-01 11-14-01	99213	$48.00	$0.00	880026	$48.00	CPT Code Descriptor	MAR reimbursement of $48.00 X 3 dates = $144.00 is recommended.
TOTAL							The requestor is entitled to reimbursement of **$1170.00.**

This Decision is hereby issued this 17th day of September, 2004.

Elizabeth Pickle
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 4-25-01 through 11-26-01 in this dispute.

This Order is hereby issued this 17th day of September, 2004.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

August 29, 2003

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-03-2875-01
TWCC #:
Injured Employee:
Requestor:
Respondent:
------ Case #:

------ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). ------ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ------ for independent review in accordance with this Rule.

------ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing chiropractor on the ------ external review panel. The ------ chiropractor reviewer signed a statement certifying that no known conflicts of interest exist between this chiropractor and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ------ for independent review. In addition, the ------ chiropractor reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 39 year-old male who sustained a work related injury on ------. The patient reported that while at work he was sandblasting when he was hit in the back by a pipe that was being carried on a forklift. The patient reported that he experienced immediate pain in the lower back. The patient was evaluated and underwent X-Rays of his back. The patient was treated with oral pain medications and physical therapy that included electrical muscle stimulation and heat. The patient also attempted a work hardening program. The patient underwent an MRI 12/6/00. The diagnoses for this patient have included lumbar herniated nucleus pulposis and lumbar radicular neuralgia.

Requested Services

Office visit, therapeutic exercises, ultrasound, joint mobilization, myofascial release on 4/30/01.

Decision

The Carrier's determination that these services were not medically necessary for the treatment of this patient's condition is overturned.

Rationale/Basis for Decision

The ------ physician reviewer noted that this case concerns a 39 year-old male who sustained a work related injury to his back on ------. The ------ chiropractor reviewer also noted that the diagnoses for this patient included lumbar herniated nucleus pulposis and lumbar radicular neuralgia. The ------ chiropractor reviewer further noted that the treatment for this patient's condition has included oral pain medications and physical therapy that included electrical muscle stimulation and heat. The ------ chiropractor reviewer explained that the treatment the patient received on 4/30/01 was the same as the treatment the patient had received before or after 4/30/01. Therefore, the ------ chiropractor consultant concluded that the office visit, therapeutic exercises, ultrasound, joint mobilization, myofascial release on 4/30/01 was medically necessary to treat this patient's condition.

Sincerely,

State Appeals Department