

MDR Tracking Number: M5-03-2925-01

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 7-14-03.

The IRO reviewed temperature gradient study, neurological procedure, office visits, therapeutic exercises, MRI, manual traction, myofascial release, joint mobilization, range of motion, and special reports from 2-27-03 through 5-12-03.

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 technical component of the MRI, therapeutic exercises, myofascial release, joint mobilization, office visits, special reports, manual traction, and physical performance testing from 2-27-03 through 5-7-03 **were** medically necessary. The IRO agreed with the previous adverse determination that the temperature gradient studies, neurological procedure, portable whirlpool, office visits, and therapeutic exercises from 2-27-03 through 5-12-03 **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 10-1-03, 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:

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Max. Allowable Reimbursement)	Reference	Rationale
3/6/03 3/20/03 4/7/03 4/23/03	97750-MT	\$43.00 x 4 DOS	\$0.00	G	\$43.00 ea body area	Rule 133.307(g)(3) (A-F)	Muscle testing is not global; however, requestor failed to submit relevant information to

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Max. Allowable Reimbursement)	Reference	Rationale
							support delivery of service. No reimbursement recommended.
3/11/03 4/17/03 5/1/03	95851	\$36.00 x 3 DOS	\$0.00	G	\$36.00 ea extrem	Rule 133.307(g)(3) (A-F)	Range of motion testing is not global to any other service billed on these dates. Relevant information supports delivery of service for 3-11-03 only. Recommend reimbursement of \$36.00.
3/11/03 through 3/14/03 3/17/03 through 3/20/03 3/28/03	97265	\$43.00 x 9 DOS	\$0.00	G	\$43.00	Rule 133.307(g)(3) (A-F)	Joint mobilization is not global to any other service billed on these dates. Relevant information supports delivery of service for all dates of service except 3-28-03. Recommend reimbursement of \$43.00 x 8 DOS = \$344.00.
3/13/03	97750 (8 units)	\$344.00	\$0.00	G	\$43.00 ea 15 min	Rule 133.307(g)(3) (A-F)	PPE is not global to any other service billed on this date. Relevant information supports delivery of service. Recommend reimbursement of 43.00 x 8 units = \$344.00.
3/26/03	E0745	\$264.00	\$150.00	M	DOP	Rule 133.307 (g) (3) (A-F) & Texas Labor Code 413.011(b)	The requestor failed to submit relevant information to support additional reimbursement per rule and TLC. No additional reimbursement

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Max. Allowable Reimbursement)	Reference	Rationale
							recommended.
3/26/03	99214	\$71.00	\$0.00	N	\$71.00	Rule 133.307(g)(3) (A-F)	This code requires two of these three key components – detailed history, detailed exam, and medical decision making of moderate complexity. Relevant information supports level of service. Recommend reimbursement of \$71.00.
TOTAL		\$1,066.00	\$150.00				The requestor is entitled to reimbursement of \$795.00.

This Decision is hereby issued this 28th day of April 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 Order is applicable for dates of service 2-27-03 through 5-7-03 in this dispute.

This Order is hereby issued this 28th day of April 2004.

Roy Lewis, Supervisor
 Medical Dispute Resolution
 Medical Review Division

April 21, 2004

REVISED REPORT
Corrected Procedure codes
(97250 to 97265 in "Revised Report" heading of report on 04/20/04)

MDR #: M5-03-2925-01
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 28-year-old patient injured his low back in a work-related accident on ___. He presented to the company physician where he received radiographs of the lumbar spine, was given anti-inflammatory medication, and advised to return to work.

After continued pain, the patient presented to a chiropractor where he was taken off work and initiated into passive chiropractic therapeutics on 02/19/03. MR imaging of the lumbar spine was ordered and performed on 03/05/03, which revealed a central 3.0 mm protrusion of the L4-5 intervertebral disk. Active range of motion deficits were observed over the lumbar spine and an active rehabilitation program was implemented as tolerated by the patient.

An Orthopedic referral on 03/27/03 revealed that the patient did not show signs of a radiculopathy and that continued therapeutics that included manipulation, physical therapy, and anti-inflammatory medication was appropriate.

On 04/22/03 a Designated Doctor evaluation placed the patient at Maximum Medical Improvement (MMI) and assigned a 5% whole-person impairment to function.

Disputed Services:

Temperature gradient study, neurological procedure, office visits, therapeutic exercises, MRI, manual traction, myofascial release, joint mobilization, range of motion, special reports.

Dates of Service in Dispute: 2/27/03 thru 3/5/03, 3/6/03 (do not review CPT code 97750-MT), 3/7/03 thru 3/10/03, 3/11/03 (do not review CPT code 95851 & 97265), 3/12/03 thru 3/19/02 (do not review CPT codes 97265), 3/20/03 (do not review CPT codes 97265 & 97550-MT), 3/21/03 thru 3/25/03, 3/26/03 (do not review CPT codes 909214 & E0745), 3/27/03 thru 3/28/03 (do not review CPT code 97265 for dos 3/28/03), 3/31/03 thru 4/7/03 (do not review CPT code 97750-MT for dos 4/7/03), 4/8/03 thru 4/17/03 (do not review CPT code 95851 for dos 4/17/03), 4/21/03, 4/23/03 (do not review

CPT code 97750-MT), 4/24/03 thru 5/1/03 (do not review CPT code 95851 for dos 5/1/03), 5/5/03 thru 5/12/03.

Decision:

The reviewer partially agrees with the determination of the insurance carrier in this case. The following services were medically necessary: The services 72148-27 on 03/05/03; all services from 02/27/03 through 04/21/03 (97110, 97265, 97750, 97122, 97250, 99213, 95851, 99080), and 97750-MT on 05/07/03.

The following services were not medically necessary: Codes 93740 on 02/27/03; 95999-WP on 02/28/03; E1300 on 03/06/03; 99213 from 04/23/03 through 05/12/03; 97110 from 04/23/03 through 05/12/03

Rationale:

It is clear from the medical record that the patient did not sustain a strain/sprain of the lumbar region as mandated by the carrier. Thus, molding this patient's therapeutics under the strain/sprain treatment model is not of any benefit in the management of this patient's medical condition.

The provider's utilization of 93740 on 02/27/03 and 95999-WP does not show sufficiently documented medical evidence in any accepted peer-reviewed format to allow the application of testing. There is no scientific evidence to support any conclusion of pain from the testing procedures performed on the dates in question.

The services performed following 04/21/03 are not appropriate due to the reviewed medical records showing that the patient had reached MMI in his care. Additional treatment in a uni-disciplinary therapeutic model would not be medically necessary.

Reviewed medical records show no definitive evidence to warrant the application of E1300 on 03/06/03.

Radicular pain was experienced by this patient from the lumbar spine to the piriformis musculature. In the process of ruling in/out sinister processes like entrapment, MR imaging is mandated and appropriate, given the progressive worsening nature of the patient and the mechanism of injury.

The aforementioned information has been taken from the following guidelines of clinical practice and/or peer-reviewed references:

- Biewen, P.C., M.D. *A structured Approach to Low Back Pain: Thorough Evaluation is the Key to Effective Treatment.* Post. Grad. Med., 1999, Nov., Vol. 106, No. 6
- Kankanpaa, M., Taimela, S., Airakfinen, O., Hanninen, O. *The Efficacy of Active Rehabilitation in Chronic Low Back Pain: Effect on Pain Intensity, Self-Experienced Disability, and Lumbar Fatigability.* Spine, 1999, Ma6 15; 24(10): 1034-42.
- Staiger, T.O., M.D., Paauw, D.S., M.D., Deyo, R.A., M.D., Jarbik, J.G., M.D. *Imaging Studies for Acute Low Back Pain: When and When Not to Order Them.* Post Grad. Med., 1999, Apr., Vol. 105, No. 4.
- Torstensen, T.A., Ljunggren, A.E., Meen, H.D., Odland, E., Mowinckel, L.G., Geijerstam, S. *Efficiency and Cost of Medical Exercise Therapy, Conventional*

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Physiotherapy, and Self-Exercise in Patients with Chronic Low Back Pain: A Pragmatic, Randomized, Single-Blinded, Controlled Trial with One-Year Follow-up. Spine, 2000, Jan; 25(1): 137.

Additional Comments:

It may be appropriate for this patient to continue with a home rehabilitation program that will require periodic clinical instruction and supervision for activity progression. Visits should not exceed one session every 6-8 weeks.

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,