

MDR Tracking Number: M5-03-3023-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 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 7-22-03.

The IRO reviewed office visits, therapeutic activities, and therapeutic procedures rendered from 11-13-02 through 11-25-02 and 2-24-03 through 2-28-03 that were denied as unnecessary medical.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

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. The disputed dates of service 5-14-02 through 7-18-02 are untimely and not reviewable per TWCC Rule 133.307 (d)(1) which states that a request for medical dispute resolution shall be considered timely if it is received by the Commission no later than one year after the dates of service in dispute. The Commission received the medical dispute on 7-22-03.

On 10-13-03, the Medical Review Division submitted a Notice to the 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	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
8/27/02 thru 11/11/02 12/2/02 12/16/02	97014 97016 97124 97110 97530	\$23.00(3) \$25.00(3) \$28.00 \$40.00(15) \$35.00(15)	\$0.00	C	\$15.00 \$24.00 \$28.00 \$35.00 ea 15 min \$35.00 ea 15 min	96 MFG	Carrier denied as "C – negotiated contract price. Requestor did not challenge carrier's denial rationale. Neither party submitted a copy of the negotiated contract. No reimbursement recommended.
TOTAL		\$1,297.00	\$0.00				The requestor is not entitled to reimbursement.

The above Findings and Decision are hereby issued this 30th 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

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IRO #: 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 on her job while lifting some boxes full of books and had an immediate onset of low back pain. MRI revealed disc bulges at L4/5 and L5/S1 along with dessication and generalized degeneration. She was treated with physical medicine by ___ and later underwent an endoscopic procedure on the discopath at L5/S1 with an annuloplasty. She continued care for an extended time after the injury. She was examined by ___ in a RME and he found her not to have any objective signs of injury and recommended a return to work. He indicated that the patient had symptom magnification during the examination. ___ performed a peer review and recommended ending of care due to a lack of objective findings.

DISPUTED SERVICES

Under dispute is the medical necessity of therapeutic procedures and activities, and office visits.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

While this case was well documented by the requestor, the records indicated that there was little-to-no progress on this case and that there were few indicators for ongoing treatment. The orthopedic tests which were documented were regularly negative and the patient regularly had no response to the care, as documented in the SOAP notes. No indication of the medical necessity of these procedures can be found in the file, particularly there was no ongoing objective assessment of the progress and condition of the patient. As a result, care which is rendered on this case is not documented as 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,