

MDR Tracking Number: M5-03-3352-01

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 and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on August 22, 2003.

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

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The office visits; medical reports, therapeutic exercises and muscle testing from 10/14/02 through 3/3/03 were found to be medically necessary. The myofascial release, hot or cold packs, electrical stimulation, ultrasound, simultaneous electrical stimulation, physical medicine procedure and joint mobilization were not found to be medically necessary. The respondent raised no other reasons for denying reimbursement of the office visits, medical reports, therapeutic exercises, muscle testing, myofascial release, hot or cold packs, electrical stimulation, ultrasound, simultaneous electrical stimulation, physical medicine procedure and joint mobilization charges.

This Findings and Decision is hereby issued this 19th day of November 2003.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay 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 to dates of service 10/14/02 through 3/3/03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 19th day of November 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

MQO/mqo

November 11, 2003

Re: MDR #: M5-03-3352-01
IRO Certificate No.: IRO 5055

REVISED DECISION
Corrected dates of service.

___ 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:

The records indicate the patient was injured on the job on ___. He had severe back pain with radiating left leg pain and numbness on the outside of his foot. An initial treatment program was begun. A lumbar MRI which revealed significant positive findings was performed. Referrals to specialists were obtained who prescribed medication and recommended lumbar ESI's. The first lumbar ESI was performed with benefit to the patient. However, there was a prolonged period of time between the first and second ESI. During the course of treatment, the patient continued to receive both passive and active therapy. The second lumbar ESI assisted the patient. However, the third ESI did not produce as favorable results as the second. Continued passive and active therapy was performed.

Lower extremity electrodiagnostic testing confirmed lumbar radiculopathy. A lumbar myelogram and post-myelogram CT was performed on 03/07/03. There was indication that the patient was a surgical candidate.

Disputed Services:

Office visits 99213, myofascial release 97250, hot or cold packs 97010, electrical stimulation therapy 97014, ultrasound therapy 97035, medical reports 99080-73, therapeutic exercises 97110, muscle testing 97750 MT, simultaneous electrical stimulation/ultrasound 97139, physical medicine procedure 97139, joint mobilization 97265 from 10/14/02 through 03/03/03.

Decision:

The reviewer partially agrees with the determination of the insurance carrier. The office visits 99213, medical reports 99080-73, therapeutic exercises 97110 and muscle testing 97750 MT from 10/14/02 through 03/03/03 were properly documented and were, in fact, reasonable, usual, customary and medically necessary.

However, all passive therapy in the form of myofascial release 97250, hot or cold packs 97010, electrical stimulation therapy 97014, ultrasound therapy 97035, simultaneous electrical stimulation/ultrasound 97139, physical medicine procedures 97139, and joint mobilization 97265 from 10/14/02 through 03/03/03 were NOT medically necessary.

Rationale:

National Treatment Guidelines allow for treatment in injuries of this nature. An initial trial of care utilizing passive therapy was warranted. However, passive therapies appeared to have continued through ___ which is approximately 3 ½ months post injury. Nationally accepted treatment guidelines normally allow only two to six weeks of passive therapy after an injury. National Treatment Guidelines allow for progression from a passive therapy program to an active therapy program. In addition, active therapy rehabilitation can be beneficial in conjunction with a trial of lumbar ESI's. Such is the situation in this case.

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,