

MDR Tracking Number: M5-03-3397-01

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 8-27-03.

The IRO reviewed therapeutic procedures, group therapy, office visits, joint mobilization, myofascial release, muscle testing, range of motion, massage therapy, supplies/materials, and required report from 9-18-02 through 3-13-03, excluding 9-24-02 and 1-7-03.

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.

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

On 11-18-03, 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	MARS (Max. Allowable Reimbursement)	Reference	Rationale
9-24-02	99215 97750-MT  95851 99080-73	\$125.00 \$172.00  \$80.00 \$15.00	\$0.00	F	\$103.00 \$43.00 ea body area \$36.00 \$15.00	96 MFG E/M VI B; Med GR I E 3 & 4; Rule 129.5 and 133.307(g)(3)	EOB shows carrier paid for these services; however, requestor states payment was not received per table of disputed services. Requestor did not submit relevant documentation to support delivery of services. No reimbursement can be recommended.
1-7-03	99213 99080	\$50.00 \$101.00	\$0.00	No EOB	\$48.00 \$.50 per page	E/M GR VI B; Rule 133.106(f)(3) and 133.307(g)(3)	Requestor did not submit relevant documentation to support delivery of services. No reimbursement can be recommended.
TOTAL		\$543.00	\$0.00				The requestor is not entitled to reimbursement.

This Decision is hereby issued this 9<sup>th</sup> day of February 2004.

Dee Z. Torres  
Medical Dispute Resolution Officer  
Medical Review Division

November 14, 2003

### **NOTICE OF INDEPENDENT REVIEW DECISION**

**RE: MDR Tracking #: M5-03-3397-01**

\_\_\_ 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 reviewer has met the requirements for the ADL of TWCC or has been approved as an exception to the ADL requirement. 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 41 year-old female who sustained a work related injury on \_\_\_. The patient reported that while at work she fell from a ladder injuring her coccyx. The diagnoses for this patient included thoracic strain and sacroiliac joint sprain/sacral contusion. Initial treatment for this patient included medications and physical therapy. The patient underwent a CT scan/myelogram on 6/14/01 of the lumbar spine that showed central disc protrusion/herniation at the L4-L5 level. The patient also underwent an MRI on 12/15/01. The patient continued with chiropractic care and was also evaluated for pain management. The patient has also undergone a series of epidural steroid injections and well as an orthopedic evaluation.

#### Requested Services

Therapeutic procedure, group therapy, office visit, joint mobilization, myofascial release, muscle testing, rang of motion, Texas form report, massage therapy, supplies and materials from 9/18/02 through 3/13/03.

### Decision

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

### Rationale/Basis for Decision

The \_\_\_ chiropractor reviewer noted that this case concerns a 41 year-old female who sustained a work related injury to her coccyx on \_\_\_\_. The \_\_\_ chiropractor reviewer also noted that the diagnoses for this patient included thoracic strain and sacroiliac joint sprain/sacral contusion. The \_\_\_ chiropractor reviewer further noted that treatment for this patient's condition has included medications, physical therapy and chiropractic care. The \_\_\_ chiropractor reviewer explained that the documentation provided does not support medical necessity for continued treatment 2 years after the initial injury date. Therefore, the \_\_\_ chiropractor consultant concluded that the therapeutic procedure, group therapy, office visit, joint mobilization, myofascial release, muscle testing, rang of motion, Texas form report, massage therapy, supplies and materials from 9/18/02 through 3/13/03 were not medically necessary to treat this patient's condition.

Sincerely,