

**STATE OF MICHIGAN**  
**DEPARTMENT OF ENERGY, LABOR & ECONOMIC GROWTH**  
**OFFICE OF FINANCIAL AND INSURANCE REGULATION**  
**Before the Commissioner of Financial and Insurance Regulation**

In the matter of

XXXXX

Petitioner

v

Aetna Life Insurance Company

Respondent

---

File No. 102559-001

**Issued and entered**  
**this 30<sup>th</sup> day of March 2009**  
**by Ken Ross**  
**Commissioner**

**ORDER**

**I**

**PROCEDURAL BACKGROUND**

On January 21, 2009, XXXXX ("Petitioner") filed a request for external review with the Commissioner of Financial and Insurance Regulation under the Patient's Right to Independent Review Act, MCL 550.1901 *et seq.* The Commissioner reviewed the request and accepted it on February 5, 2009.

The Commissioner notified Aetna Life Insurance Company of the external review and requested the information used in making its adverse determination. The Office of Financial and Insurance Regulation received the information on February 17, 2009.

The case involves medical issues so the Commissioner assigned it to an independent review organization which provided its recommendation to the Commissioner on February 18, 2009.

**II**

**FACTUAL BACKGROUND**

The Petitioner receives health care benefits under a student health insurance plan issued by Aetna Life Insurance Company ("Aetna"). Petitioner received chiropractic care at XXXXX Chiropractic Center between October 10, 2007, and August 14, 2008. Respondent provided coverage for early treatment sessions but declined to provide coverage for the sessions on March

12, 2008, and thereafter. The Petitioner appealed and Aetna upheld its denial. A final adverse determination was issued November 20, 2008.

### **III ISSUE**

Is Aetna correct in denying coverage for Petitioner's chiropractic care between March 12 and August 14, 2008?

### **IV ANALYSIS**

#### Petitioner's Argument

The Petitioner says that the chiropractor visits should be covered because he "sustained an injury on January 21, 2008, that necessitated additional treatment and thus functioned as a new condition."

#### Respondent's Argument

Respondent states that it denied coverage for chiropractic services provided between March 12 and August 14, 2008. Respondent states that Petitioner's health plan provides for a maximum of 20 visits per condition for physiotherapy (which includes chiropractic care). Respondent states that the claims were denied because Petitioner had reached his maximum number of visits prior to March 12, 2007. Respondent says that all the submitted claims were for the same diagnoses: closed dislocation, multiple cervical vertebrae, thoracic vertebrae and lumber vertebrae. Respondent considers this care to be for a single condition.

#### Commissioner's Review

The medical question presented in this case is whether the denied chiropractic treatment coverage was for a new medical condition. This question was presented to an independent medical review organization ("IRO") for analysis. The IRO reviewer for this case is a licensed chiropractor in active clinical practice, certified in impairment ratings, peer review and independent medical evaluations. The reviewer examined the materials submitted by the parties including the medical records for the treatment in question. The reviewer's report includes the following evaluation:

The clinical evidence reveals a patient with initial complaints on October 10, 2007, of neck and back pain. The reported diagnosis list included closed dislocation of cervical, thoracic, and lumbar vertebrae. [Petitioner] was treated with manipulation to the neck, mid, and low back each visit as per the diagnosis list and provider records. The medical records reveal no change in diagnosis, DOI, treatment plan, condition, or onset of complaints. The documentation is missing from the records any indication of a new condition.

\* \* \*

It is the recommendation of this reviewer that the denial of coverage issued by Aetna Life Insurance Company for chiropractic services rendered March 12, 2008 through August 14, 2008, be upheld.

The Commissioner is not required in all instances to accept the IRO's recommendation. However, the IRO recommendation is afforded deference by the Commissioner; in a decision to uphold or reverse an adverse determination the Commissioner must cite "the principal reason or reasons why the commissioner did not follow the assigned independent review organization's recommendation." MCL 550.1911(16)(b). The IRO's analysis is based on extensive experience, expertise, and professional judgment. The Commissioner can discern no reason why that judgment should be rejected in the present case. Therefore, the Commissioner accepts the findings of the IRO that Petitioner's treatment between March 12 and August 14, 2008, was not documented as treatment of a new condition. The Commissioner finds that Aetna correctly denied the claims in question.

**V**  
**ORDER**

The Commissioner upholds Aetna adverse determination of November 20, 2008.

This is a final decision of an administrative agency. Under MCL 550.1915, any person aggrieved by this Order may seek judicial review no later than sixty days from the date of this Order in the circuit court for the county where the covered person resides or in the circuit court of Ingham County. A copy of the petition for judicial review should be sent to the Commissioner of Financial and Insurance Regulation, Health Plans Division, Post Office Box 30220, Lansing, MI 48909-7720.