

STATE OF MICHIGAN
DEPARTMENT OF INSURANCE AND FINANCIAL SERVICES
Before the Director of the Department of Insurance and Financial Services

In the matter of:

Purdy Chiropractic
Petitioner

File No. 21-1030

v

Citizens Insurance Company of the Midwest
Respondent

Issued and entered
this 22nd day of June 2021
by Sarah Wohlford
Special Deputy Director

ORDER

I. PROCEDURAL BACKGROUND

On May 4, 2021, Purdy Chiropractic (Petitioner), filed with the Director of the Department of Insurance and Financial Services (Department) a request for an appeal pursuant to Section 3157a of the Insurance Code of 1956 (Code), 1956 PA 218, MCL 500.3157a. The request for an appeal concerns the determination of Citizen Insurance Company of the Midwest (Respondent) that Petitioner overutilized or otherwise rendered inappropriate treatment, products, services, or accommodations under Chapter 31 of the Code, MCL 500.3101 to MCL 500.3179.

The Department accepted the request for an appeal on May 6, 2021. Pursuant to R 500.65, the Director notified Respondent and the injured person of Petitioner's request for an appeal on May 6, 2021. Respondent filed a reply to the Petitioner's appeal on May 26, 2021.

The Department assigned an independent review organization (IRO) to analyze issues requiring medical knowledge or expertise relevant to this appeal. The IRO submitted its report to the Director on June 8, 2021.

II. FACTUAL BACKGROUND

This appeal concerns the denial of a bill by the Respondent for chiropractic services rendered to the injured person for diagnoses of subluxation of unspecified lumbar vertebra, dislocation of sacroiliac and sacrococcygeal joint, subluxation of unspecified thoracic vertebra, pain in thoracic spine, and radiculopathy, lumbar region. On March 18 and March 22, 2021, the Petitioner rendered treatment to the injured person

under current procedural terminology (CPT) codes 98941, 97012, and 97140 (chiropractic manipulation, mechanical traction therapy, and manual therapy, respectively). On March 22, 2021, the Petitioner also provided treatment under CPT code 97124 (massage therapy).

In a determination dated April 19, 2021, the Respondent determined that the treatment was not medically necessary based on a review of the medical documentation.¹ The determination further stated that the medical services were reviewed based on the documentation submitted and in accordance with national and regional standards of care. The determination referenced the following standard of care:

Patients with low back or neck pain resulting from a motor vehicle accident should show statistically significant improvements in pain level, function and medication use. (Schofferman J., Wasserman S.). The current evidence suggests that exercise alone or in combination with education is effective for preventing low back pain. (Daniel Steffens, PhD 1,2; Chris G. Maher, PhD1; Leani S. M. Pereira, PhD2; et al.)

The Respondent did not request an explanation from the Petitioner regarding the necessity or indication for the treatment provided by the Petitioner.

III. ANALYSIS

Director's Review

The question of whether the services provided to the injured person on March 18 and 22, 2021 were medically necessary; and whether they were overutilized in frequency or duration in accordance with medically accepted standards. The IRO reviewer recommended that the Director reverse the Respondent's determination.

The IRO reviewer is a doctor of chiropractic and certified chiropractic sports medicine physician in active practice, and holds certifications in functional and kinetic treatment with rehabilitation. The IRO reviewer has knowledge in the care of patients with chronic neck and back pain status post injury and receiving treatment from a chiropractic provider. The IRO reviewer referenced R 500.61(i) in its report, which defines "medically accepted standards" as the most appropriate practice guidelines for the treatment provided. These may include generally accepted practice guidelines, evidence-based practice guidelines, or any other practice guidelines developed by the federal government or national or professional medical societies, board, and associations. The IRO reviewer relied on several evidence-based guidelines in its report, including Evidence-Based Clinical Guidelines for Multidisciplinary Spine Care: Diagnosis and Treatment of Low Back Pain from the North American Spine Society.

¹ The text under "Summary conclusion / resources / references" in the Respondent's determination refers only to the March 22, 2021 date of service; however, the remainder of the determination makes clear that it applies to both dates of service.

The IRO reviewer opined that the treatments were medically necessary in accordance with medical standards. Specifically, the IRO reviewer noted:

Both office visits, per documentation, indicate an improvement in [the injured person's] symptoms and a decrease in pain. Chiropractic care, specifically manipulation and soft tissue therapies, myofascial release and trigger point therapy have proven benefit for chronic neck and back pain and are among the recommendations for treatment based on the clinical practice guidelines outlined in the North American Spine Society and Spinal Manipulative Therapy and Other Conservative Treatments for Low Back Pain (References 1 & 2).

The IRO reviewer further noted that the injured person had been referred to a physical medicine and rehabilitation physician for co-management of her condition, in accordance with recommendations for pain management.

With regard to whether the treatment was overutilized, the IRO reviewer stated that trial periods for neck pain and low back pain "typically consist of 6-12 chiropractic visits," whereas the treatments in this case occurred on only two dates of service.

If chronic pain is present, it is not uncommon for more chiropractic visits to be needed, then just two, as in [this] clinical scenario. Finally, the multi-modal approach to care, as in [this] clinical scenario, of chiropractic, massage and soft tissue therapies, and other medical approaches, are a medically accepted practice for chronic pain. [References omitted.]

The IRO reviewer opined that the treatments provided to the injured person on March 18 and 22, 2021, were medically necessary in accordance with generally accepted medical standards and were not overutilized. Accordingly, the Director reverses the Respondent's April 19, 2021 determination.

IV. ORDER

The Director reverses the Respondent's April 19, 2021 determination, and orders the Respondent to reimburse the Petitioner in the amount of \$380.00, representing the total amount billed for the March 18 and March 22, 2021 dates of service, plus interest as provided under MCL 500.3142 and R 500.65(6). The Respondent shall, within 7 days of this order, submit proof that it has complied with this order.

This is a final decision of an administrative agency. A person aggrieved by this order may seek judicial review in a manner provided under Chapter 6 of the Administrative Procedures Act of 1969, 1969 PA 306, MCL 24.301 to 24.306. MCL 500.244(1); R 500.65(7). A copy of a petition for judicial review

should be sent to the Department of Insurance and Financial Services, Office of Research, Rules, and Appeals, Post Office Box 30220, Lansing, MI 48909-7720.

Anita G. Fox
Director
For the Director:

 Recoverable Signature

X *Sarah Wohlford*

Sarah Wohlford
Special Deputy Director
Signed by: Sarah Wohlford