

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

In the matter of:

Lupo Chiropractic Center PC
Petitioner

File No. 21-1106

v

Citizens Insurance Company of the Midwest
Respondent

Issued and entered
this 6th day of October 2021
by Sarah Wohlford
Special Deputy Director

ORDER

I. PROCEDURAL BACKGROUND

On July 8, 2021, Lupo Chiropractic Center PC (Petitioner) filed with 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 Citizens Insurance Company of the Midwest (Respondent) that the Petitioner overutilized or otherwise rendered or ordered inappropriate treatment under Chapter 31 of the Code, MCL 500.3101 to MCL 500.3179.

The Respondent issued the Petitioner a written notice of the Respondent's determination under R 500.64(1) on April 30, 2021. The Petitioner now seeks reimbursement in the full amount it billed for the dates of service at issue.

The Department accepted the request for an appeal on July 22, 2021. Pursuant to R 500.65, the Department notified the Respondent and the injured person of the Petitioner's request for an appeal on July 22, 2021 and provided the Respondent with a copy of the Petitioner's submitted documents. The Respondent filed a reply to the Petitioner's appeal on August 9, 2021. Both parties were issued a written notice of extension on September 7, 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 and recommendation to the Department on September 14, 2021.

II. FACTUAL BACKGROUND

This appeal concerns the denial of payment for therapeutic treatments provided by a chiropractor to the injured person on 18 dates of service in March 2021¹ under procedure codes 97110, 97535, 97012, 97799, S8948, 97140, 99213, and 99072. These procedure codes are described as therapeutic exercise and procedures, mechanical traction, unspecified code for physical medicine and rehabilitation services or procedures, application of a modality (low-level laser) to one or more areas, manual therapy, established patient visit, and miscellaneous medicine services, respectively. The Petitioner did not include any clinical documentation with its review request.

On April 30, 2021, the Respondent issued a written determination denying payment on the basis that the treatment was not medically necessary. In its written determination, the Respondent explained that the documentation submitted with the Petitioner's bill was "three months post motor vehicle accident and does not substantiate the chiropractic treatment(s) ... as generally accepted standards."

In its appeal request, the Petitioner asserts that the chiropractic treatment the injured person received was "reasonably necessary" and "were services that actually occurred." The Petitioner's appeal request did not include clinical documentation related to the treatments provided to the injured person on the dates of service at issue. In an Explanation of Benefits letter included in the appeal request, the injured persons diagnoses included: subluxation of the cervical, thoracic, and lumbar vertebrae at C5-C6, T5-T6, and L4-L5, respectively; disorder of vertebrae ligament; traumatic rupture of cervical and lumbar intervertebral disc; unspecified cervical, thoracic, thoracolumbar, and lumbosacral disc disorder at the C5-C6 level; sprain of ligaments of thoracic and cervical spine; and other specified dorsopathies of the thoracic region.

In its reply, the Respondent stated that the initial diagnosis and documentation do not substantiate chiropractic treatment and low-level laser therapy as appropriate for the injured person's specific condition and consistent with accepted medical standards.

III. ANALYSIS

Director's Review

Under MCL 500.3157a(5), a provider may appeal an insurer's determination that the provider overutilized or otherwise rendered inappropriate treatment, products, services, or accommodations, or that the cost of the treatment, products, services, or accommodations was inappropriate under Chapter 31 of the Code. This appeal is a dispute regarding inappropriate treatment.

The Director assigned an IRO to review the case file. In its report, the IRO reviewer concluded that, based on the submitted documentation, medical necessity was not supported for the dates of service at issue based on medically accepted standards.

¹ March 1, 2, 3, 4, 8, 9, 10, 11, 15, 16, 18, 19, 22, 23, 24, 25, 30, and 31, 2021

The IRO reviewer is board certified in physical medicine and rehabilitation. In its report, the IRO reviewer referenced R 500.61(i), 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 the guidelines from the National American Spine Specialists (NASS) and the Spine International Society (SIS), and peer-reviewed medical journal articles for its recommendation.

The IRO reviewer opined that, based on the submitted documentation, there is a lack of medical evidence to support the chiropractic care and low-level laser treatment for the injured person’s neck and back pain post motor vehicle accident. The IRO reviewer recommended that the Director uphold the Respondent’s determination that the chiropractic treatments provided to the injured person in March 2021 were not medically necessary in accordance with medically accepted standards, as defined by R 500.61(i).

IV. ORDER

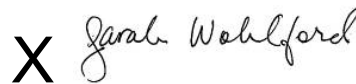
The Director upholds the Respondent’s determination dated April 30, 2021.

This order relates only to the treatment, products, services, or accommodations and dates of service discussed herein, and may not be relied upon by either party to determine the injured person’s eligibility for future treatment or as a basis for action on other treatments or dates of service not addressed in 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



Sarah Wohlford
Special Deputy Director
Signed by: Sarah Wohlford