

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

In the matter of:

A. Rodnick Chiropractic Clinic
Petitioner

File No. 21-1259

v

Citizens Insurance Company of the Midwest
Respondent

Issued and entered
this 1st day of October 2021
by Sarah Wohlford
Special Deputy Director

ORDER

I. PROCEDURAL BACKGROUND

On August 10, 2021, A. Rodnick Chiropractic Clinic (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 rendered or ordered inappropriate treatment, products, services, or accommodations 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 July 29, 2021. The Petitioner now seeks reimbursement in the full amount it billed for the date of service at issue. The Department accepted the request for an appeal on August 17, 2021. Pursuant to R 500.65, the Department notified the Respondent and the injured person of the Petitioner's request for an appeal on August 17, 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 September 2, 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 13, 2021.

II. FACTUAL BACKGROUND

This appeal concerns the denial of payment for chiropractic treatments rendered on June 1, 2021, under Current Procedural Terminology (CPT) codes 22505 and 27198, which are described as

manipulation of the spine or the pelvis while under anesthesia. The Petitioner noted in its appeal request that the injured person was involved in a motor vehicle accident on January 26, 2021.

With its appeal request, the Petitioner submitted documentation that identified the injured person's pre-procedure diagnoses as: spinal instabilities of the cervical region, disorder of the vertebrae ligament, unspecified cervical disc displacement, weakness, chronic post-traumatic headache, unspecified sleep disorder, abnormal reflex, and segmental and somatic dysfunction of the cervical, thoracic, lumbar, sacral, and pelvic regions.

In its appeal request, the Petitioner asserts that the treatment at issue "is the only available option at this point in time." In a "Letter of Medical Necessity for [Manipulation under Anesthesia]" letter dated June 1, 2021, the Petitioner noted that the injured person "has failed to reach the level of expected outcome with current conservative care."

In an Explanation of Review, the Respondent denied payment for chiropractic treatment rendered on the date of service at issue on the basis that treatments were not medically necessary based on a review of medical documentation. In its reply, the Respondent states:

The submitted documentation is seven months post motor vehicle accident with continual complaints and pain levels following multiple treatments. The documentation does not substantiate the procedures(s) 271[9]8 and 22505 as reasonable or necessary. The initial diagnosis does not demonstrate a need for MUA as medically needed or necessary.

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 involves 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 chiropractic treatments rendered on the date of service at issue based on medically accepted standards.

The IRO reviewer is a doctor of chiropractic medicine with an active practice. 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 also relied on clinical practice guidelines from the American Chiropractic Association.

The IRO reviewer opined that the medical documentation supplied by the Petitioner did not establish the medical necessity of the services. The IRO reviewer noted that the medical documentation provided “are limited and give little clinical history or discussion.” Specifically, the IRO report states:

The records provided have minimal clinical information. The documentation provided is not adequate to justify care, including manipulation under anesthesia (MUA). There is little to provide a good understanding of the patient's condition, the response to care, what other treatments were performed, or what the measured response to care was after the first four (4) months of treatment. The rationale for MUA is anecdotal. While MUA may be beneficial for some patients in some cases, the provided records do not support the medical necessity of this procedure (22505) at this time. The records also do not demonstrate a rationale for the code 27198. The care as represented by the documentation is not within medically accepted standards.

Based on the above, the IRO reviewer recommended that the Director uphold the Respondent's determination that the chiropractic treatments provided to the injured person on June 1, 2021 were not medically necessary in accordance with medically accepted standards, as defined by R 500.61(i).

IV. ORDER

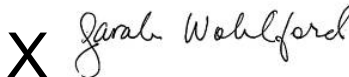
The Director upholds the Respondent's determination dated July 29, 2021.

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