

MDR Tracking Number: M5-04-1209-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on December 29, 2003.

In accordance with Rule 133.307 (d), requests for medical dispute resolution are considered timely if it is filed with the division no later than one (1) year after the date(s) of service in dispute. The Commission received the medical dispute resolution request on 11/20/03, therefore the following date(s) of service are not timely: 12-12-02, 12-18-02 and 12-23-02.

Requestor has withdrawn date of service 01-31-03 from this dispute.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the 99213-MP OV manipulation, 99358-25 prolonged eval, 99214 OV eval, 99080-73 required reports and 97110 therapeutic exercises were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Division has determined that fees were the only fees involved in the medical dispute to be resolved. As the treatments listed above were not found to be medically necessary, reimbursement for dates of service from 12-30-02 to 02-19-03 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 30th day of April 2004.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

PR/pr

Enclosure: IRO decision

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NOTICE OF INDEPENDENT REVIEW DECISION

April 9, 2004

Re: IRO Case # M5-04-1209 ____

Texas Worker's Compensation Commission:

Envoy Medical Systems, LP (Envoy) has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to Envoy for an independent review. Envoy has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, Envoy received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a Doctor of Chiropractic who is licensed by the State of Texas, and who has met the requirements for TWCC Approved Doctor List or has been approved as an exception to the Approved Doctor List. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to Envoy for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the Envoy reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient injured his lower back in ____ when he tried to stop an 80-pound cylinder from hitting another person. EMG and MRI evaluations were performed. The patient was treated with chiropractic treatment, physical therapy, a work hardening program, medication and epidural steroid injections.

Requested Service(s)

99213-MP OV manipulation, 99358-25 prolonged eval, 99214 OV eval, 99080-73 required reports, 97110 therapeutic exercises 12/30/02-2/19/03

Decision

I agree with the carrier's decision to deny the requested services.

Rationale

The patient originally injured his back some two years prior to the ___ injury. A 3/29/02 MRI of the lumbar spine revealed disk dessication at L3, L4 and L5, and a moderate-size midline disk protrusion leading to severe lateral recess stenosis bilaterally at L4. The L5 disk has a midline protrusion. The prognosis for such a case is poor with conservative treatment. The patient's response to treatment supports this prognosis. The medical records provided for this review reflect numerous exacerbations or flare-ups during the period in dispute. On 2/24/03, some two months after treatment was initiated, the patient entered his D.C.'s office "walking very slowly with his body flexed to the right." The D.C. then recommended stopping treatment and referred the patient to a neurosurgeon. The treatment in dispute was not beneficial. The records indicate that this was not a chiropractic case from the start. The patient should have been under the care of a spine surgeon to begin with. The disputed treatment was not appropriate. In addition it was too intense and lacked objectively measured and demonstrated functional gains.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

Daniel Y. Chin, for GP