

**MDR Tracking Number: M5-04-2575-01**

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 April 16, 2004.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the medical necessity issues. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

The IRO reviewed the therapeutic exercises, office visits, myofascial release, EU-Phys TX, mechanical traction, care management training, joint mobilization, manual therapeutic techniques, chiropractic manipulative treatment, and hot/cold pack therapy from 05-07-03 to 09-17-03 denied with V by the insurance carrier.

The therapeutic exercises, office visits, myofascial release, EU-Phys TX, mechanical traction, care management training, joint mobilization, manual therapeutic techniques, chiropractic manipulative treatment, and hot/cold pack therapy from 05-07-03 through 09-17-03 **were not found** to be medically necessary.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On August 17, 2004 the Medical Review Division submitted a Notice to the requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 19 days of the requestor's receipt of the Notice.

In accordance with Rule 129.5, the requestor submitted relevant information to support delivery of service for CPT code 99080-73 (work status report) on date of service 06-13-04. The carrier denied this service for unnecessary medical treatment based on a peer review however, the TWCC-73 is a required report and is not subject to an IRO review. The Medical Review Division has jurisdiction in this matter and therefore, recommends reimbursement in the amount of \$15 in accordance with the 1996 Medical Fee Guidelines.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20-days of receipt of this Order. This Order is applicable to dates of service 06-13-04 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Decision is hereby issued this 18<sup>th</sup> day of August 2004.

Patricia Rodriguez  
Medical Dispute Resolution Officer  
Medical Review Division

PR/pr

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**NOTICE OF INDEPENDENT REVIEW DECISION**

July 2, 2004

**Re: IRO Case # M5-04-2575**, amended 8/5/04

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:

#### Medical Information Reviewed

1. Table of disputed service 12/30/02 – 10/13/03
2. Explanation of benefits
3. Reviews 11/7/04, 10/10/03, 4/19/04, 5/20/03, 7/31/03, 10/30/03, 4/2/04
4. Request for reconsideration 9/24/03, 12/12/03, 2/15/04
5. Letter to IRO
6. Initial medical report 1/31/03
7. MRI report lumbar spine 2/24/03
8. Report 4/28/03
9. Report 4/30/03
10. Reports 5/8/03, 6/17/03
11. FCE reports
12. Prescriptions undated
13. Reports 6/25/03, 8/20/03, 9/17/03, 11/12/03
14. TWCC reports
15. IR report 9/26/03
16. Letters of disagreement with DDIR 11/4/03, 2/6/04
17. Operative reports 1/15/04, 2/19/04
18. Post operative notes
19. D.C. treatment notes
20. TWCC work status reports

#### History

The patient injured her lower back on \_\_\_ when she tried to lift a container that was stuck to the floor with grease. She initially saw a chiropractor for treatment. An MRI of the lumbar spine was obtained on 2/24/03. She changed doctors to the treating doctor in this dispute on 4/24/03. The patient has been treated with chiropractic treatment, therapeutic exercises, lumbar ESIs, and lumbar facet injections.

#### Requested Service(s)

Ther exer, OV, myofas rel, EU-Phys TX, mech tract, care management training, joint mobil, man ther tech, chiro man treatment, hot/cold pack therapy 5/7/03 – 9/17/03

### Decision

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

### Rationale

The patient had an adequate trial of chiropractic treatment prior to the dates in dispute. She received some 25-30 chiropractic treatments prior to changing treating doctors, without relief of symptoms or improved function.

The patient was diagnosed with a lumbar strain injury that should have resolved with appropriate treatment in four to eight weeks. Instead, her failed treatment continued for months after that. The MRI on 2/24/03 indicated preexisting degenerative changes that were aggravated by her physical work, without evidence of long-term structural damage having been caused at work.

The patient's initial subjective complaint was lower back pain without mention of radicular symptoms. Then, three months after treatment started, she began complaining of pain radiating down her left leg and numbness in her left foot. The records provided for this review indicate that not only was treatment failing to be beneficial, it was iatrogenic resulting in doctor dependency.

No documentation was provided that supports the need for post injection therapy. The patient had her first ESI on 6/12/03, after treatment failed to be of benefit. The necessity for continued failed treatment, even post injection, was not supported by any documentation presented.

In the 10/10/03 designated doctor evaluation it was noted that the patient still had a pain rated as high as 8/10, some eight months post injury, indicating that treatment had not been beneficial. The treating D.C.'s treatment notes failed to show objective, quantifiable findings to support treatment for the dates in dispute.

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