

MDR Tracking Number: M5-04-3040-01

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 May 14, 2004.

The IRO reviewed 99213, 99213-MP, 99242, 97039-59, 97010, 97014/G0283, 97750, 95900-WP, 95904-WO, 95861-WP, 95935-WP, 95831, 93740, 99199, 99090, 97112, 97110, 97150, 99358, and HCPCS Codes A4558 and A4215 for dates of service 05/19/03 through 11/14/03 that were denied based upon "V".

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

CPT Codes 99213, 97010 and 97014 for dates of service 05/19/03 through 06/26/03 **were** found to be medically necessary. All other services **were not** found to be medically necessary. The respondent raised no other reasons for denying reimbursement for 99213, 99213-MP, 99242, 97039-59, 97010, 97014/G0283, 97750, 95900-WP, 95904-WO, 95861-WP, 95935-WP, 95831, 93740, 99199, 99090, 97112, 97110, 97150, 99358 and HCPCS Codes A4558 and A4215.

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.

On September 9, 2004, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14-days of the requestor's receipt of the Notice.

On October 28, 2004 the requestor's representative, Angela Lowery, was contacted to clarify CPT Code 99455 for date of service 10/07/03. Ms. Lowery informed MDR that they had received payment for this CPT Code and it was no longer in dispute.

- CPT Code 99080-73 for date of service 07/17/03 denied as "V". Per Rules 129.5 and 133.106(f)(1) the TWCC-73 is a Commission required report; therefore, reimbursement in the amount of \$15.00 is recommended.
- CPT Code 99080-69 for date of service 10/07/03. Per Rule 129.5 the TWCC-69 is not one of

the Commissions' required reports and the cost of the report is included in the Impairment Rating report and cannot be reimbursed. Therefore, reimbursement is not recommended.

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 05/19/03 through 06/26/03 and 07/17/03 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 Order is hereby issued this 29th day of October 2004

Marguerite Foster  
Medical Dispute Resolution Officer  
Medical Review Division

MF/mf

Enclosure: IRO decision

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**NOTICE OF INDEPENDENT REVIEW DECISION**

September 3, 2004

**Re: IRO Case # M5-04-3040** amended 9/10/04, 10/6/04

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, Rule133.308 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
2. Explanation of benefits
3. D.C. initial report 4/30/03
4. TWCC work status reports
5. D.C. SOAP notes
6. Report 5/5/03
7. Psychological evaluation 5/16/03
8. PPE reports 5/27/03, 6/26/03
9. Electrodiagnostic report 6/10/03
10. Report 7/7/03
11. FCE report 7/16/03
12. IR report 8/29/03, 10/7/03
13. TWCC 69 8/29/03, 10/7/03
14. Review 7/1/03

#### History

The patient injured his lower back in \_\_\_\_ when he lifted some tables. He initially saw the treating D.C. on 4/30/03, and he began chiropractic treatment.

#### Requested Service(s)

OV, unlisted modality, hot/cold pack, electrical stimulation unattended, physical performance test, nerve conduction, sensory each nerve, H or F reflex study, muscle test, temp gradient studies,

unlisted spec serv, conductive gel, needles, reeducation, ther exer, ther proc, prolonged eval, electrodes, analyze clinical data 5/19/03 – 11/14/03

Decision

I disagree with the carrier's decision to deny the requested codes 99213, 97010, and 97014 through 6/26/03.

I agree with the decision to deny the other requested services..

Rationale

Based on the records presented for this review, it appears that the patient suffered a strain injury of the lumbar spine soft tissues that should have resolved with appropriate treatment in 6-8 weeks. Appropriate passive treatment would include chiropractic (99213) with manipulation, hot/cold packs (97010) and electrical muscle stimulation (97014).

As of 6/26/03 the patient could lift heavy weights without increased pain, could tolerate any pain he had, and could sit, stand, walk and travel without pain. This indicates that treatment was beneficial in relieving symptoms and improving function. Based on this, treatment after 6/26/03 was not appropriate, and the patient should have been able to return to work. The records provided for review do not support any treatment after 6/26/03. CPT codes 99213, 97010, 97014 were reasonable through 6/26/03 for a diagnosed lumbar strain injury.

The physical performance tests, nerve conduction studies, sensory, H or F reflex and temperature gradient studies, conductive gel, needles and electrodes were not necessary. Therapeutic exercise, neuromuscular reeducation and therapeutic procedure were not supported by the records. Based on the medical records provided, a home-based exercise program would have been medically appropriate.

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

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Daniel Y. Chin, for GP