

MDR Tracking Number: M5-04-3061-01

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 assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 5-17-04.

The Medical Review 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 electrical stimulation, therapeutic exercises, manual therapy, neuromuscular reeducation, office visits and work hardening from 8-6-03 through 1-22-04 were not medically necessary.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for dates of service from 8-6-03 through 1-22-04 are denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 27<sup>th</sup> day of August 2004.

Donna Auby  
Medical Dispute Resolution Officer  
Medical Review Division

DA/da

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**NOTICE OF INDEPENDENT REVIEW DECISION**

August 20, 2004

**Re: IRO Case # M5-04-3061**

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. TWCC-69 report of medical evaluation
4. DDE report 10/27/03
5. Letter from D.C. 2/19/04
6. Initial D.C. report 6/18/03
7. FCE reports 7/29/03, 9/24/03, 4/12/04
8. M.D. report 8/2/03
9. PT progress notes
10. D.C. treatment notes
11. Work hardening notes

#### History

The patient injured his lower back in \_\_\_\_ when he lifted a heavy table. He had physical therapy at a frequency of three times per week for two months with poor results. He was

then referred for chiropractic treatment.

Requested Service(s)

Electrical stimulation, therapeutic exercises, manual therapy, neuromuscular reeducation, office visits, WH 8/6/03 – 1/22/04

Decision

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

Rationale

The patient had a fair trial of conservative treatment with poor results before seeing the treating D.C. The first appointment with the treating D.C. was on 6/18/03 and it appears that he had several weeks of treatment with the D.C. before the disputed dates of service, but the treatment notes of those earlier dates were not provided for review. The date of the first treatment note provided for this review was 8/4/03.

The D.C.'s treatment notes lack objective findings and subjective complaints to support treatment. The patient's VAS was 8/10 on 8/4/03 and 7/10 on 12/29/03, after four months of treatment. The only objective findings documented are "restriction of motion" with each visit. These are indications that treatment failed to be beneficial to the patient. Based on the records provided, the patient's condition plateaued in a diminished condition prior to the dates in dispute, and further chiropractic treatment failed to be beneficial in relieving symptoms or improving function. The failure of conservative therapy modalities is not a medical rationale for additional non-effective therapy. The documentation provided fails 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.