

MDR Tracking Number: M5-04-3791-01

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 7-2-04.

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 the office visits, electrical stimulation, massage, unlisted therapeutic procedure, whirlpool, therapeutic activities and aquatic therapy from 6-13-03 through 7-24-03 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 6-13-03 through 7-24-03 are denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 22nd day of September, 2004.

Donna Auby
Medical Dispute Resolution Officer
Medical Review Division

DA/da

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NOTICE OF INDEPENDENT REVIEW DECISION

September 10, 2004

Re: IRO Case # M5-04-3791

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. Reviews 7/10/03, 12/4/03
4. Letter to utilization review 7/24/03
5. MRI report lumbar spine 5/9/03
6. Electrodiagnostic report 4/24/03
7. D.C. treatment notes
8. TWCC work status reports
9. TWCC 69 10/11/03
10. D.C. interim reports
11. D.C. electro meridian imaging report
12. D.C. treatment plan
13. Reports from M.D.s
14. B-mode ultrasound report 4/30/03
15. Rehabilitation evaluation 6/30/03
16. Rehabilitation and therapy notes from D.C.
17. Work hardening notes from D.C.
18. FCE report 6/25/03
19. Diagnostic studies and findings report 6/25/03

History

The patient injured his lower back in ____ when he was pulling out tubing rods. He began chiropractic treatment 4/17/03. Diagnostic studies included MRI, electrodiagnostic testing and ultrasound. The patient has been treated with therapeutic exercise, chiropractic treatment, physical therapy and medication.

Requested Service(s)

Office visits, electrical stimulation, massage, unlisted therapeutic procedure, whirlpool, therapeutic activities, aquatic therapy, therapeutic procedures 6/13/03 – 7/24/03

Decision

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

Rationale

The patient had an adequate trial of chiropractic treatment – around 22 office visits – prior to the dates in dispute, with fair results. On the patient's initial visit on 4/17/03 his VAS was 8/10, and on 6/13/03 it was 2/10, indicating that treatment prior to that point had been beneficial. After 6/13/03 the treating D.C.'s treatment yielded no further relief of symptoms or improved function, and his VAS for pain gradually increased to 4/10 during the disputed time frame. The D.C.'s documentation fails to show objective, quantifiable findings to support treatment after 6/10/03. The patient's subjective complaints, the VAS's, the type of treatment and the results of treatment remained unchanged during the disputed period. The documentation presented for this review suggests that treatment for the dates in this dispute was over utilized, inappropriate and may have aggravated the patient's symptoms.

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