

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 titled Medical Dispute Resolution of a Medical Fee Dispute, 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. This dispute was received on 10-19-04.

The IRO reviewed office visits, therapeutic exercises, and neuromuscular re-education on 10-22-03 to 2-12-04.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the majority of the medical necessity issues. The IRO deemed that the office visits 99212 and 99213 from 11-10-03 to 2-12-04 and therapeutic exercises from 11-10-03 to 11-25-03 were medically necessary. The IRO agreed with the previous adverse determination that the office visit 99205, neuromuscular re-education, and all services after 11-25-03 were not medically necessary. Consequently, the requestor is not owed a refund of the paid IRO fee.

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

### **ORDER**

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 outlined above in accordance with Medicare program reimbursement methodologies for dates of service on or after August 1, 2003 per Commission Rule 134.202 (c), 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 11-10-03 through 2-12-04 as outlined above.

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 26th day of January 2005.

Dee Z. Torres  
Medical Dispute Resolution Officer  
Medical Review Division

Enclosure: IRO Decision

**Envoy Medical Systems, LP**  
**1726 Cricket Hollow**  
**Austin, Texas 78758**  
Fax 512/491-5145

**IRO Certificate #4599**

**NOTICE OF INDEPENDENT REVIEW DECISION**

January 11, 2005

**Re: IRO Case # M5-05-0570-01**, amended 1/18/05

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 in 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 services
2. Explanation of benefits
3. Reviews Dr. Chamblin 4/19/04, 8/13/02
4. Response to peer review Dr. Griffith 7/20/04
5. Report 10/9/02
6. Designated doctor report Dr. Fahey 2/1/02

7. Letter of medical necessity Dr. Griffith 10/22/03
8. Follow up evaluations Dr. Griffith
9. Lumbar spine rehab log Dr. Griffith

#### History

The patient injured his lower back in \_\_\_ when he tripped on some air conditioning filters. As he started to fall, he caught himself. He initially saw one chiropractor and then changed to the treating chiropractor. The patient has had an MRI and an electrodiagnostic study, and has been treated with therapeutic exercises.

#### Requested Service(s)

Office visits, therapeutic exercises, neuromuscular reeducation 10/22/03 – 2/12/04

#### Decision

I agree with the carrier's decision to deny the requested CPT code 99205, neuromuscular reeducation, and all services after 11/25/03.

I disagree with the denial of CPT code 99213, CPT code 99212 and therapeutic exercises through 11/25/03.

#### Rationale

Based on the records provided for this review, the patient sustained a lumbar strain superimposed on degenerative disk disease of the lumbar spine. This type of injury should resolve with appropriate treatment within 8-12 weeks. The first chiropractor's treatment failed to be beneficial to the patient. The patient therefore switched to a new treating doctor, who initiated a successful treatment program.

The documentation provided for this review does not support a CPT code 99205. The patient had a lumbar strain and CPT code 99213 would have been appropriate on 10/22/03. The documentation provided for review supports therapeutic exercises, but it does not support the necessity of neuromuscular reeducation for rehabilitating a mild lumbar strain injury.

The patient reached a point in his rehabilitation where treatment failed to be beneficial. The patient's VAS for pain and objective findings failed to improve after 11/25/03. Treatment after 11/25/03 failed to improve function or pain. Treatment after 11/25/03 was not reasonable and necessary. Based on the records provided, the patient should have been placed on a home-based exercise program on 11/25/03.

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