

**THIS DECISION HAS BEEN APPEALED. THE  
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:  
SOAH DOCKET NO. 453-05-4512.M5**

MDR Tracking Number: M5-05-0720-01

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. This dispute was received on 11-01-04.

CPT code 99080-73 on 11-18-03, CPT code 20605 on 3-25-04, HCPCS code J3490 on 3-25-04 and HCPCS code J1010 on 3-25-04 were withdrawn by the requestor and will not be a part of this dispute.

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 office visits, group therapeutic procedures, ultrasound therapy, therapeutic exercises, electrical stimulation unattended, wrist extension, and paraffin bath therapy from 11-18-03 through 4-16-04 were not medically necessary. Therefore, the requestor is not entitled to a reimbursement of the paid IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity issues were not the only issues involved in the medical dispute 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 12-07-04, 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.

The carrier denied HCPCS Code A4209 on 3-25-04 with a G - This procedure is included in another procedure performed on this date. Per rule 133.304 (c) Carrier didn't specify which service this was global to. **Recommend reimbursement of \$5.00.**

Pursuant to 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees in accordance with Medicare program reimbursement methodologies for dates of service 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 Decision is applicable for date of service 3-25-04 as outlined above in this dispute.

This Decision and Order is hereby issued this 1<sup>st</sup> day of February 2005.

Donna Auby  
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 # M5-05-0720-01**

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 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. Letter to IRO from carrier 12/16/04
  
4. Treatment dates chart
5. Reviews Dr. Sage 1/5/04, 9/12/04
6. Report Dr. Harvey 3/4/03
7. Treatment notes Dr. Burdin
8. Initial exam report Dr. Burdin 12/1/98
9. TWCC work status reports
10. Notes Dr. Westfield
11. Multiple exam reports Dr. Burdin
12. Reports Dr. Lampert 10/1/04, 9/2/04, 7/16/04
13. Physical therapy notes
14. Progress notes from Counselor Moore
15. Counseling evaluation and treatment plan 6/3/03

#### History

The patient injured her hands, arms and neck in \_\_\_ as a result of repetitive typing. An MRI of the cervical spine was obtained. The patient has been treated with three epidural steroid injections, medication, psychiatric treatment, physical therapy and chiropractic care.

#### Requested Service(s)

Office visits, group therapeutic procedures, ultrasound therapy, therapeutic exercises, electrical stimulation unattended, wrist extension, paraffin bath therapy 11/18/03 – 4/16/04

#### Decision

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

#### Rationale

An initial trial of conservative treatment was appropriate, but it failed to be beneficial to the patient. The patient had extensive care from the treating D.C. on a regular for some six years without documented relief of symptoms or improved function. Failed conservative therapy does not establish a medical rationale for continued non-effective therapy, even post-injection.

From the documentation provided for this review, it appears that the patient suffers from myofascial pain syndrome, which should respond well to appropriate conservative treatment and exercise. The D.C.'s treatment, however, was not effective and led to doctor-dependency and a failure to return to work.

The D.C.'s notes fail to support treatment for the dates in dispute. They lack objective findings to support treatment of a cervical radiculopathy, as the treatment plan suggests.

The patient's treatment dates are sporadic, suggesting non-compliance with the treatment plan, which in itself would

lead to chronicity.

Based on the records provided for review, the patient's condition appears to have plateaued in a diminished state a few months after her injury six years. The treatment was not successful at that time, and continued to not be successful

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