

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 11-2-04.

The IRO reviewed therapeutic exercises and activities, neuromuscular re-education, manual therapy, office visits, needle EMG, NCV, NCV w/wave, NCV sensory, and H-reflex study.

The Medical Review Division has reviewed the IRO decision and determined that the **requestor prevailed** on the majority of the medical necessity issues. The IRO agreed that the therapeutic exercises and activities, neuromuscular re-education, manual therapy, and office visits from 12-1-03 through 12-11-03 were medically necessary. The IRO agreed with the previous adverse determination that the needle EMG, NCV, NCV w/wave, NCV sensory, and H-reflex study were not medically necessary. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this Order.

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 12-1-03 through 12-11-03 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 14th day of January 2005.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

Enclosure: IRO Decision

Envoy Medical Systems, LP

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Fax 512/491-5145

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

January 11, 2005

Re: IRO Case # M5-05-0744-01

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. Peer review 12/17/03

4. RME Dr. Hill 10/30/03
5. MRI report lumbar spine 11/20/03
6. Electrodiagnostic report 1/15/04
7. Treatment notes Dr. Merritt
8. Report Dr. Merritt 9/29/03
9. TWCC 69 reports
10. Designated doctor report 1/19/04

History

The patient injured her lower back in ___ when she attempted to catch a person who was falling. The patient saw a physician who prescribed medication and physical therapy. The patient then switched to her treating doctor on 9/29/03. The D.C. took the patient off work, and had not returned to work as of 1/19/04 according to the designated doctor's report.

Requested Service(s)

Therapeutic exercises, neuromuscular reeducation, manual therapy, therapeutic activities, office visits, needle electromyography, nerve conduction study, nerve conduction study w/wave, nerve conduction sensory, H-reflex study 12/1/03 – 1/15/04

Decision

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

Rationale

A trial of conservative treatment was medically appropriate. It appears from the records provided for review that the patient responded fairly well to the D.C.'s treatment, and according to the designated doctor's report of 1/19/04, the patient was at MMI and able to return to work.

Based on the records provided for review, treatment appears to have been reasonable and necessary through 12/11/03, but after that date the documentation fails to support any further treatment, including the electrodiagnostic studies on 1/15/04. From the documentation presented, the patient's condition remained unchanged after 12/11/04. Based on the records provided, as of 12/11/04 the patient's condition plateaued and further treatment and/or tests were not reasonable and necessary.

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

Daniel Y. Chin, for GP