

MDR Tracking Number: M5-05-1291-01

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 1-4-05.

CPT code 99080-73 on 5-19-04 was withdrawn by the requestor on 2-23-05.

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. The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the majority of the issues of medical necessity. The IRO disagrees with the previous determination that CPT codes 97110, 97112 and 97530 on (4-5-04, 4-7-04, and 4-8-04) and 99211 on 5-19-04 were medically necessary. All remaining services were not medically necessary. Therefore, the requestor is not entitled to a reimbursement 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.

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 dates of service 4-5-04 through 5-19-04 as outlined above in this dispute.

This Finding, Decision and Order is hereby issued this 28th day of February 2005.

Donna Auby
Medical Dispute Resolution Officer
Medical Review Division

DA/da

Enclosure: IRO decision



Specialty Independent Review Organization, Inc.

February 21, 2005

Hilda Baker
TWCC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient:
TWCC #:
MDR Tracking #: M5-05-1291-01
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to Specialty IRO for independent review in accordance with TWCC Rule 133.308, which allows for medical dispute resolution by an IRO.

Specialty IRO has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Chiropractor. The reviewer is on the TWCC ADL. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

Mr. ___ was injured at work when he was struck from behind by a vehicle while working outside washing a car using a power washer. The records indicate he was thrown 4-5 feet and landed on his back and left wrist. He was initially examined at the Suburban Clinic where he was prescribed medications and released back to work. On 11/17/03 he self referred to Rafael Loya,

DC for further care and follow-up for complaints of neck and low back pain as well as left wrist pain. Treatment began with passive therapies followed by active therapies. It does not appear by the end of the medical records that Mr. ___ had returned to work.

MRI of the lumbar spine dated 11/26/03 revealed a 1-2mm annular bulge at L3/4, 2mm diffuse annular posterior bulge at L4/5 and 2-3 mm diffuse posterior protrusion at L5/S1 with no mass defect. Mild 3mm anterolisthesis at L5 on S1 with hypertrophic facet arthropathies at this level and at L3/4. MRI of the left wrist of 3/20/04 revealed a small perforation of the triangular fibrocartilage. EMG findings of the lower extremities dated 12/4/03 revealed increased insertional activities, PSW's, and fibrillation potentials on the left lumbosacral paraspinal muscle, gluteus medius and extensor hallicus longus indicating a L5 radiculopathy. The patient was referred for lumbar facet injections with Ihsa Shanti, MD on 1/29/04 and 3/25/04. A radiofrequency facet neurectomy with destruction of the nerves at L4/5 and L5/S1 was performed bilaterally on 5/14/04. Therapies were continued from 4/5/04 through 6/11/04.

A peer review by Ron Buczek, DC, DO recommended no further chiropractic care beyond 24 visits, no psychological intervention and no chronic pain management program. He recommended lumbar ESI's and notation that the facet injections were not targeting the pain generators. A DD examination by Samir Ebeade, MD of 7/13/04 places the patient at MMI with a 5% IR. Then a RME was performed by James Tyler, DO which recommended that the treatment had been reasonable and necessary to this point; however, no future treatment is found to be necessary outside of the PRN use of NSAIDs.

DISPUTED SERVICES

Disputed services include CPT codes 99211, 97110, 97530 and 97112 from 4/5/04 through 6/11/04.

DECISION

The reviewer disagrees with the previous adverse determination regarding the following services on these specific dates; 97110, 97112 and 97530 on (4/5/04, 4/7/04 and 4/8/04) and 99211 (5/19/04).

The reviewer agrees with the previous adverse determination regarding all remaining services not specifically mentioned above.

BASIS FOR THE DECISION

The reviewer indicates the customary standard of care with injections is an approximately two week active therapy program. Mr. ___ had an injection on 3/25/04; therefore, treatment through 4/8/04 was medically indicated with a possible extension depending on patient improvement via treatment. The records reflect no improvement in the proximity to this date

range; therefore, according to the Rand Consensus and Mercy Conference Guidelines further treatment is not warranted.

The same situation is present for the treatment following facet neurectomy on 5/14/04. There was no change in condition from 4/12/04 through 6/11/04. The VAS was at a 6 and the objective findings were positive for trigger points and muscle spasm in the thoracic and lumbar spine. A re-evaluation was not performed to substantiate care after the neurectomy; therefore, further care cannot be considered reasonable or medically necessary.

The office visits are not considered reasonable or medically necessary on an every visit basis. These types of visits are generally performed on a biweekly basis with a documented need for a consultation or re-evaluation. These situations are not presented in the medical records with the exception of the 5/19/04 visit.

Guidelines supportive of these recommendations include: Council of Chiropractic Physiological Therapeutics and Rehabilitation Guidelines, Mercy Conference Guidelines, Rand Consensus Panel and Rehabilitation for the Postsurgical Orthopedic Patient, Maxey and Magnusson, Mosby, 2001.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that there is no known conflict between the reviewer, Specialty IRO and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Sincerely,

Wendy Perelli, CEO

CC: Specialty IRO Medical Director