

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 1-20-05.

The insurance carrier did not file its response with the division in a timely fashion per rule 133.307(E)(3)(A-C):

- (3) Upon receipt of the request, the respondent shall:
 - (A) complete the remaining sections of the request form other than information for an IRO review pursuant to the requirements under §133.308;
 - (B) provide any missing information required on the form, including absent EOBs not submitted by the requestor with the request; and
 - (C) file the completed request with the division and the requestor within fourteen (14) calendar days of respondent's receipt of the request.

A referral to Compliance and Practices will be made regarding this violation.

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, CMT and telephone call by physician to patient from 1-20-04 through 5-3-04 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 not the only fees involved in the medical dispute to be resolved.

On 2-22-05 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 CPT Code 99080-73 1-28-04 with a V for unnecessary medical treatment, however, the TWCC-73 is a required report and is not subject to an IRO review per Rule 129.5. The Medical Review Division has jurisdiction in this matter and, therefore, recommends reimbursement. Requestor submitted relevant information to support delivery of service. **Recommend reimbursement of \$15.00.**

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 totaling \$15.00 for 1-28-04 outlined above as follows:

- 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 Decision and Order is hereby issued this 1st day of April 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

March 29,2005

Re: IRO Case # M5-05-1531 –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 service
2. Explanation of benefits
3. Report 5/14/04 Dr. Tsourmas
4. Report 1/12/04 Dr. Cochran
5. Request for reconsideration 2/24/05 Dr. Van Beest
6. CT and MRI reports 9/12/03
7. Letters of medical necessity 9/20/03, 1/20/04 Dr. Van Beest
8. Letters of medical necessity 2/25/04, 9/8/03
9. Cart notes 3/10/04, 5/3/04 Dr. Van Beest
10. MMI evaluation 4/18/05
11. TWCC 69 4/18/05
12. MRI report left shoulder 2/11/05
13. Operative report 7/1/04 Dr. Hilliard
14. Report 2/4/04 Dr. Rosenstein
15. Follow up reports Dr. Rosenstein
16. Physical therapy notes, Highpoint
17. Electrodiagnostic study report 9/11/03
18. FCE REPORT 9/15/03
19. Initial report 8/22/03 Dr. Van Beest

History

The patient injured her neck and left shoulder in ___ when she lifted a heavy box. She started chiropractic treatment on 8/22/03. CT and MRI evaluation were performed. The patient has been treated with injections, medication, physical therapy and surgery.

Requested Service(s)

Office visit level II, CMT spinal one to two regions, telephone call by physician to patient 1/20/04 – 5/3/04.

Decision

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

Rationale

It appears from the record provided for this review that the patient received an adequate trial of conservative treatment prior to the dates in dispute without relief of symptoms or improved function. Based on the findings on the MRI report, it would be doubtful that any form of conservative treatment would have been beneficial to the patient.

The patient had pre-existing degenerative changes in the cervical spine. Five months of intensive treatment failed to show any objective measure of improvement in the patient's condition. The continued use of failed conservative treatment does not establish a medical rationale for additional non-effective therapy. This patient was treated for a prolonged period, and based on the documentation submitted, her response was poor. The services in dispute 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