

THIS DECISION HAS BEEN APPEALED. THE FOLLOWING
IS THE RELATED SOAH DECISION NUMBER: 453-05-6431.M5

MDR Tracking Number: M5-05-1561-01

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 1-25-05.

In accordance with Rule 133.308 (e)(1), requests for medical dispute resolution are considered timely if it is filed with the division no later than one (1) year after the date(s) of service in dispute. The following date(s) of service are not timely and are not eligible for this review: 12-26-03 through 1-21-04.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the majority of the issues of medical necessity. 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.

Office visits, therapeutic exercises, neuromuscular reeducation, manual therapy, electrical stimulation, therapeutic activities and group therapeutic procedures before March 22, 2004 were found to be medically necessary. All services after March 22, 2004, ultrasound, mechanical traction and analysis of data **were not found** to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services. **The amount due the requestor for the medical necessity issues is \$5,511.61.**

This Finding and Decision is hereby issued this 7th day of April 2005.

Donna Auby
Medical Dispute Resolution Officer
Medical Review Division

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 \$5,511.61 from 1-26-04 through 3-15-04 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 Order is hereby issued this 7th day of April 2005.

Margaret Ojeda, Manager
Medical Necessity Team
Medical Dispute Resolution
Medical Review Division

MO/da

Enclosure: IRO decision



Specialty Independent Review Organization, Inc.

April 1, 2005

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

Patient:
TWCC #:
MDR Tracking #: M5-05-1561-01
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

Based on the records received and reviewed, the injured employee, ____, was injured in a work related accident on ____. Mr. ____ underwent numerous diagnostic tests during this time period. Additionally, Mr. ____ received epidural steroid injections to the lumbar region. According to the records received from the treating doctor, "Mr. ____ injured his lumbosacral region while participating with prescribed work duties and functions dated 08/30/2000. Mr. ____ participated with therapy and was returned to work. Mr. ____ experienced a resurgence of lumbosacral symptoms while participating with prescribed work duties and functions. He medically qualified for a lumbosacral ESI that was prescribed by Dr. Charles Willis (Board Certified Anesthesiologist and Diplomate in Pain Management)-this was preauthorized and approved."

Records were received from the insurance carrier and the treating doctor. The records include but are not limited to the following:

- Medical Dispute Resolution Paperwork
- Records received from the carrier
- Records received from the treating doctor
- Statement from Dean Pappas & Associates
- Retrospective Review from Dr. Buczek
- Report from Dr. Morrison
- Procedure Reports from Dr. Willis
- Statements from Dr. Davis
- MRI from North Texas Health Imaging Center
- FairIsaac Report

DISPUTED SERVICES

The items in dispute are the retrospective medical necessity of chiropractic manipulations 98940, therapeutic exercises 97110, manual therapy techniques 97140, therapeutic activities 97530,

supplies/materials 99070, neuromuscular re-education 97112, ultrasound 97035, neuromuscular stimulator E0745 and misc. DME E1399 from 1-27-2004 through 2-15-2004.

DECISION

The reviewer agrees with the previous adverse determination.

BASIS FOR THE DECISION

The basis for the determination is based upon the Medical Disability Advisor, Evidenced Based Medical Guidelines, Medicare Payment Policies, and Occupational Medicine Practice Guidelines. Mr. ___ was injured in the year ___ and the treatment under review is four years later. There is no specific documentation or reason submitted as to why treatment is being rendered for such a lengthy time. Most of the treating doctor's treatment records hinge on the fact that the patient had pre-authorized ESI's. In fact on each of the treating doctor's daily notes, he identifies the lumbar ESI and the pre-authorization number for that particular ESI. The treating doctor does not establish the need for care for four years after the date of injury other than the fact that the patient had an ESI. Due to the fact that Mr. ___ is over four years post injury, which would exceed most practice guidelines for treatment of this type of injury consisting of conservative care and physical medicine/modalities and the fact that there is not adequate documentation that can be clearly casually related to the initial injuries four years prior, the services under question can not be considered necessary.

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