MDR Tracking #M5-05-1721-01

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 02-16-05.

Per Rule 133.308(e)(1) dates of service 02-02-4 through 02-09-04 were not timely filed and are not eligible for this review.

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 massage therapy, office visits, therapeutic exercises, therapeutic activities, neuromuscular re-education, gait training therapy, muscle testing-extremity, electrical stimulation other than wound, diathermy treatment, chiropractic manipulation, nerve conduction, sense nerve conduction test, H-reflex test, neuromuscular junction test and chiropractic manipulation were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

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. As the services listed above were not found to be medically necessary, reimbursement for dates of service from 02-18-04 to 10-21-04 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Findings and Decision is hereby issued this 25th day of May 2005.

Medical Dispute Resolution Officer
Medical Review Division

Enclosure: IRO decision

Z iro C

A Division of ZRC Services, Inc.
7626 Parkview Circle
Austin, Texas 78731
Phone: 512-346-5040
Fax: 512-692-2924

May 23, 2005

TWCC Medical Dispute Resolution
Fax: (512) 804-4868

Patient:	___
TWCC #:	___
MDR Tracking #:	M5-05-1721-01
IRO #:	5251

Ziroc 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 Ziroc for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

Ziroc 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.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed provider board certified and specialized in chiropractic care. The reviewer is on the TWCC Approved Doctor List (ADL). The Ziroc 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 Ziroc for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

RECORDS REVIEWED

Medical records submitted by both the insurance carrier and healthcare provider.

CLINICAL HISTORY

The claimant is a 43-year-old, 5-foot 8-inch, 280-pound middle school math teacher at who stumbled on a door threshold and tripped into a wall at school on ___. She was initially seen at Scott and White Occupational Medicine Department on 08/11/03. Treatment was provided including medications and physical therapy. She returned to restricted duty work. However, her symptoms of low back pain and left leg pain persisted. A lumbar MRI scan was obtained on 10/01/03. This showed mild degenerative disc changes at L5/S1 with a broad-based nephralgia eccentrically to the right without neural compromise. This was contralateral to the patient's left leg symptoms. There was also facet hypertrophy at L4/L5 bilaterally. Epidural steroid injections were discussed, but apparently the claimant did not want to pursue those at the time due to concerns about the negative side effects of the steroids. A TWCC-53 requesting change of the treating doctors was approved on 01/08/04, and the claimant saw Ronald Linderman, D.C. at Allied Multicare Center in . for initial evaluation on 01/26/04. The subsequent daily office notes from Dr. Linderman were unsigned and are largely duplicative from one visit to the next. There was no specific information provided

regarding levels of the spine manipulated, specific muscles receiving myofascial release, the specific exercises performed, as well as frequency, duration, and intensity of the exercise program, etc., or the patient's response to treatment. The daily notes repetitively state that the patient's symptoms were "unchanged from the last treatment" or "same" repetitively. The daily office notes did not show substantive or continued improvement; however, treatment has continued through 10/21/04.

The claimant was referred to Patrick Cindrich, M.D., for neurosurgical consultation. This was conduced on 03/22/04. Dr. Cindrich recommended discography, which was performed by Adam Browski, M.D. on 06/15/04. The L4/L5 level was reported to cause concordant pain but without correlating morphological findings. The L5/S1 level had morphological findings but did not produce concordant pain. Dr. Cindrich recommended an anterior and posterior lumbar fusion from L4 through the sacrum. There is no record of this surgery being performed in the records submitted for review.

A behavioral evaluation was ordered by Dr. Linderman and performed at injury ı on 05/06/04. The claimant reported an 8/10 pain scale, and there was a BDI score of 38. There was a diagnosis of severe anxiety and depression, and recommendation for pharmacological consult and formal psychological testing was made. This additional psychological testing occurred on 06/04/04, and again pharmacological evaluation was recommended in addition to some cognitive therapy. The records submitted for review from Dr. Linderman did not show referral for pharmacological evaluation or behavioral psychotherapy or treatment of depression and anxiety.

The carrier obtained a peer review from Michael Bhatt, D.C. on 06/08/04. Dr. Bhatt felt that a 4-6 week trial of spinal manipulation was indicated but cited the lack of documentation providing rationale for ongoing treatment, especially billing for 2 hours of active care on each visit.

Lower extremity EMG and NCV testing was done by Roger Harman, M.D. on 08/24/04 at Allied Multicare Center. The conclusion was that there was sensory demyelination of the left superficial peroneal and right seral nerves with axomal injuries to the bilateral peroneal motor nerves. There was also demyelination and axomal injuries to the right tibial nerves. There was no evidence of radicular component to the injury.

The claimant saw Les Benson, M.D. for consultation on 08/27/04. Dr. Benson referenced an impairment rating that had been previously done by Peter Robinson, M.D. where a 0% impairment was assigned with MMI on 12/04/03. Dr. Benson felt that the 0% rating was incorrect and that the claimant would require surgery.

The claimant saw Peter Foox, M.D. for an RME on 11/06/04. Dr. Foox felt that continued chiropractic and physical therapy treatment were not reasonable and necessary as she had "exhausted the usefulness of that avenue of treatment." Dr. Foox also stated that "a case could be made for surgical fusion to address both levels under the circumstances." He did not address any questions about an impairment rating or maximum medical improvement.

DISPUTED SERVICES

Under dispute is the medical necessity of 97124 massage therapy, 99212 and 99213 office visit, 97110 therapeutic exercises, 97530 therapeutic activities, 97112 neuromuscular reeducation, 97116 gait training therapy, 95831 muscle testing-extremity, G0283 elec stim other than wound,

97024 diathermy treatment, 98940 chiropractic manipulation, 95900 nerve conduction, 95904 sense nerve conduction test, 95943 H-reflex test, 95937 neuromuscular junction test, 98941 chiropractic manipulation during the period of 02/02/04 thru 10/21/04.

DECISION

The reviewer agrees with the determination of the insurance carrier.

BASIS FOR THE DECISION

The quality of information provided in Dr. Linderman's records is extremely poor. The records are generic and largely repeat themselves from one visit to the next. Treatment is not described specifically. There is no quantification of the claimant's subjective complaints or functional status. There are essentially no objective findings, and the treatment is described in very generic terms such as "manual manipulation to the affected areas" and "myofascial release of the affected areas." Dr. Linderman billed for multiple units of active care codes (97110, 97112, 97116, and 97530 on each visit). Yet, his records do not include any specific description of the exercises and activities that were performed, the frequency, duration, and intensity of each of these exercises/activities, or the patient's response. Additionally, the records do not show the necessity for repeat office visits consistent with 99212 or 99213. These office codes are used for re-evaluation of established patients, and these records do not show focused re-evaluation or any substantive clinical decision-making occurring. Additionally the billing for gait training and neuromuscular education is not reasonable or necessary for this type of injury as there is no evidence of a neuromuscular deficit nor is there indication for the need for gait training for the treatment of this claimant's lumbar spine condition.

The electrodiagnostic testing on 08/24/04 does not appear to be reasonable or necessary. There was no rationale in Dr. Linderman's records of stating why these studies were performed or how the information from these studies would likely impact the clinical decision-making process. In fact, the records from Dr. Linderman subsequent to this electrodiagnostic testing made no mention of the testing results or showed any change in treatment as a result of these tests.

Ziroc has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Ziroc has made no determinations regarding benefits available under the injured employee's policy

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

Ziroc is forwarding a copy of this finding by facsimile to the TWCC.

Sincerely,
ZRC Services Inc

Dr. Roger Glenn Brown
Chairman & CEO