

MDR Tracking Number: M5-05-1735-01

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 2-18-05.

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 adverse determination that the office visits, massage, and aquatic therapy 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 issue involved in this medical dispute. As the services listed above were not found to be medically necessary, reimbursement for dates of service from 3-5-04 to 3-11-04 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 11th day of April 2005.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

DZT/dzt

Enclosure: IRO Decision

Envoy Medical Systems, LP
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IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

March 30, 2005

Re: IRO Case # M5-05-1735 -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. TWCC 60 3/7/05
4. Review 1/7/05 Dr. P
5. Report 1/12/98 Dr. Desai
6. Report with x-ray analysis 3/5/04 Dr. Howell
7. Reports ¾ Dr. Kilchenstein
8. TWCC work status report
9. Review Dr. D. 9/5/02
10. Interim exam report 3/5/04 Dr. Howell

History

The patient injured his lower back in ___ while lifting. He underwent extensive treatment, including low back surgery, medication, chiropractic manipulation and therapeutic exercise programs. The patient's history reveals numerous exacerbations / flare ups since the original injury for which chiropractic treatment was given. The patient was placed at MMI on 11/13/95.

Requested Service(s)

OV 99214,OV 99213 massage therapy, aquatic therapy 3/5/04-3/11/04.

Decision

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

Rationale

It appears from the records provided for this review that the patient experiences periodic exacerbations of his original symptoms. In treating the patient, the D.C. placed him in an extensive rehab program in which the patient progressed to the point that he felt better, and then treatment was terminated. Based on the documentation provided for this review, two years passed since the last exacerbation, when the patient returned for treatment during the period in dispute.

Based on the documentation, it would probably be expected that the patient would have periodic exacerbations requiring short-term care, which would be appropriate. But placing the patient back into an extensive rehab program each time is not reasonable and necessary. The D.C.'s treatment was inappropriate and not cost-effective for each flare up. Short-term care – three to five visits -- including spinal manipulation and passive modalities would be appropriate, not to include an extensive rehab program. It would be reasonable and necessary to include spinal manipulation, myofascial release and muscle reeducation, such as PNF. Massage and aquatic therapy are not appropriate or cost-effective. Further, based on the documentation, it had not been effective in providing lasting relief of symptoms or improved function.

The patient was placed at MMI on 11/13/95. This is the earliest date after which further lasting improvement can no longer be anticipated. The patient will probably continue to have pain and flare-ups, requiring OTC medication and home exercise (including even aquatic exercise on his own) to relieve these symptoms. Severe exacerbations may require chiropractic manipulation, but only if home-based treatment is not effective. The patient has been through enough supervised training to be able to help himself without supervision. Exacerbations requiring supervised treatment must be objectively documented.

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

Daniel Y. Chin, for GP