

## MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

### Retrospective Medical Necessity Dispute

#### PART I: GENERAL INFORMATION

<b>Type of Requestor:</b> (X) HCP ( ) IE ( ) IC	<b>Response Timely Filed?</b> ( ) Yes (X) No
Requestor's Name and Address Ark-La-Tex Health Center 1414 Arkansas Blvd Texarkana, AR 71854	MDR Tracking No.: M5-05-2179-01
	TWCC No.:
	Injured Employee's Name:
Respondent's Name and Address Texas Mutual Insurance Company Box 54	Date of Injury:
	Employer's Name:
	Insurance Carrier's No.:

#### PART II: SUMMARY OF DISPUTE AND FINDINGS

Dates of Service		CPT Code(s) or Description	Did Requestor Prevail?
From	To		
04-19-04	08-17-04	98942 G0283 and 97110	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

#### PART III: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code and Commission Rule 133.308 (relating to Medical Dispute Resolution by Independent Review Organization), the Medical Review Division assigned an Independent Review Organization (IRO) to conduct a review of the medical necessity issues between the requestor and respondent.

The Division has reviewed the enclosed IRO decision and determined that the requestor did **not** prevail on the disputed medical necessity issues.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 06-24-05, 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.

CPT code 99455 date of service 04-20-04 denied with denial codes "N/U" (not appropriately documented/unnecessary treatment (without peer review)). The requestor did not submit documentation for review, therefore, no reimbursement is recommended. The carrier will be referred to Compliance and Practices for an improper denial in regard to the "U" denial. Per Rule 134.202(E)(6)(B)(iii) this is a required exam and is not subject to an IRO review.

Review of CPT codes G0283, 97110 and 98942 date of service 08-06-04 revealed that neither party submitted a copy of EOBs. Per Rule 133.307(e)(2)(B) the requestor did not provide convincing evidence of carrier receipt of the providers request for EOBs. No reimbursement is recommended.

**PART IV: COMMISSION DECISION**

Based upon the review of the disputed healthcare services, the Medical Review Division has determined that the requestor is not entitled to reimbursement for the services involved in this dispute and is not entitled to a refund of the paid IRO fee.

Findings and Decision by:

\_\_\_\_\_  
Authorized Signature

08-09-05  
\_\_\_\_\_  
Date of Decision

**PART V: INSURANCE CARRIER DELIVERY CERTIFICATION**

I hereby verify that I received a copy of this Decision in the Austin Representative's box.

Signature of Insurance Carrier: \_\_\_\_\_ Date: \_\_\_\_\_

**PART VI: YOUR RIGHT TO REQUEST A HEARING**

If you are unhappy with all or part of this decision, you have the right to appeal the decision. Those who wish to appeal decisions that were issued during the month of August 2005, should be aware of changes to the appeals process which take effect September 1, 2005.

House Bill 7, recently enacted by the 79th Texas Legislature, provides that an appeal of a medical dispute resolution order that is not pending for a hearing at the State Office of Administrative Hearings (SOAH) on or before August 31, 2005 is not entitled to a SOAH hearing. This means that the usual 20-day window to appeal to SOAH, found in Commission Rule 148.3, will be shortened for some parties during this transition phase. If you wish to seek an appeal of this medical dispute resolution order to SOAH, you are encouraged to have your request for a hearing to the Commission as early as possible to allow sufficient time for the Commission to submit your request to SOAH for docketing. A request for a SOAH hearing should be sent to: Chief Clerk of Proceedings/Appeals Clerk, P.O. Box 17787, Austin, Texas 78744 or faxed to 512-804-4011. A copy of this Decision should be attached to the request.

Beginning September 1, 2005, appeals of medical dispute resolution orders are procedurally made directly to a district court in Travis County [see Texas Labor Code, Sec. 413.031(k), as amended and effective Sept. 1, 2005). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable.

**Si prefiere hablar con una persona in español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**



7600 Chevy Chase, Suite 400  
Austin, Texas 78752  
Phone: (512) 371-8100  
Fax: (800) 580-3123

## NOTICE OF INDEPENDENT REVIEW DECISION

**Date:** August 8, 2005

**To The Attention Of:**

TWCC  
7551 Metro Center Drive, Suite 100, MS-48  
Austin, TX 78744-1609

**RE: Injured Worker:**

**MDR Tracking #:** M5-05-2179-01

**IRO Certificate #:** IRO 5263

Forté has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to Forté for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

Forté has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a Chiropractic reviewer who has an ADL certification. The reviewer has signed a certification statement stating 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 the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

**Submitted by Requester:**

- Statement from the treating provider
- Documentation from Provider Pro
- History questionnaires from the claimant
- Handwritten letter from the claimant
- Claimant histories
- Daily note card key
- Daily note cards
- Progress notes
- Physical performance test report
- Daily notes from the co-treating M.D.
- MRI report
- X-ray report
- FCE report

## **Submitted by Respondent:**

- Statement letter
- Designated doctor report
- Daily report cards

## **Clinical History**

According to the workers' compensation questionnaire at the treating doctor's office, the claimant reported he was waiting for a meeting and sitting in a chair, when the chair broke and flipped backwards. The injury occurred on \_\_\_ while at work. The claimant reported back and neck pain and sought care at the chiropractor's office. Apparently, on the date of the injury, an MRI was performed that revealed disc desiccation and derangement of the intervertebral discs at L4/5 and L5/S1. Chiropractic care began immediately with passive modalities. An EMG was performed on 6/4/03 which revealed a normal electrodiagnostic study. An FCE was performed on 8/7/03 which revealed the claimant was at a light physical demand level. The claimant was seen at Texarkana Surgery Center by R. Burnet, M.D. for a surgical consult. Dr. Burnet reported that if his symptoms did not continue to improve, that a possibility of epidural steroid injections might be indicated. On 11/13/03 the claimant underwent a physical performance test that revealed strength deficits in the torso lift and in the shoulder high/near lift. Chiropractic and medical therapy continued. On 4/14/04 the claimant was seen by Stacy Warner, D.C. for a designated doctor evaluation. Dr. Warner reported the claimant had a permanent whole person impairment of 10% and reported the claimant was at clinical MMI as of 4/14/04. Documentation of the treatment provided begins here and was included for the review.

## **Requested Service(s)**

98942 - chiropractic manipulation, G0283 - electrical stimulation, 97110 - therapeutic exercises for dates of service 4/19/04 through 8/17/04

## **Decision**

I agree with the carrier that the services in dispute were not medically necessary.

## **Rationale/Basis for Decision**

According to the supplied documentation, the claimant sustained an injury to his lumbar spine and cervical spine on \_\_\_\_\_. The claimant underwent 85 chiropractic visits prior to the disputed services. The MRI report indicated the claimant had disc involvement at 2 levels including L4/5 and L5/S1. The MRI report also revealed disc desiccation at the same levels. An EMG report revealed no abnormalities. An FCE report reported the claimant was at a light physical demand level, although it appeared that level was within the claimant's employment capabilities. Continued and ongoing chiropractic care is not seen as reasonable or medically necessary to treat the work injury. After 85 visits with the treating chiropractor, the treatment plan had done little to help the claimant's subjective opinion of his pain. According to the Official Disability Guidelines 9<sup>th</sup> Edition, the chiropractic guidelines would include 6 visits over 2-3 weeks and, with evidence of objective functional improvement, a total of up to 18 visits over 6-8 weeks, avoid chronicity and gradual fade the claimant into active self directed care. The carrier allowed the claimant 85 treatment sessions prior to denying care which appears more than a rational medically supported amount of care in relation to the compensable work injury. Continued and ongoing chiropractic care was not supported by the daily treatment cards and is not supported by current medical protocols. There is no documentation that reveals that the claimant is involved in a home based exercise protocol which would help to continue the claimant's treatment without inducing doctor dependence. The documentation supplied did not objectively support the dates of service nor are they supported by any current medical protocol.

In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to TWCC via facsimile or U.S. Postal Service from the office of the IRO on this 8<sup>th</sup> day of August 2005.

Signature of IRO Employee:

Printed Name of IRO Employee: Denise Schroeder