



Texas Department of Insurance, Division of Workers' Compensation
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

Retrospective Medical Necessity Dispute

PART I: GENERAL INFORMATION

Type of Requestor: (X) Health Care Provider () Injured Employee () Insurance Carrier	
Requestor's Name and Address: Ignatius Igbokwe, D.C. 8449 W Bellfort # 110 Houston, Texas 77071	MDR Tracking No.: M5-05-2509-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: Box 42	Date of Injury:
	Employer's Name:
	Insurance Carrier's No.:

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

DOCUMENTATION SUBMITTED: TWCC-60 package and explanations of benefits
POSITION SUMMARY: From table of disputed services "Treatment was rendered to the patient. The patient benefited from the treatment and the doctor should be paid".

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

DOCUMENTATION SUBMITTED: Response to TWCC-60 and explanations of benefits
POSITION SUMMARY: No position summary submitted by Respondent

PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	CPT Code(s) or Description	Medically Necessary?	Additional Amount Due (if any)
10-02-04 to 12-16-04	97032, 97035, 97110, 97124 and 99215-25	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$0.00
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

PART V: 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 Division Rule 133.308 (relating to Medical Dispute Resolution by Independent Review Organization), Medical Dispute Resolution 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.

CPT code 97010 listed on the table of disputed services is per the 2002 Medical Fee Guideline a bundled procedure(s) regardless of whether it is billed alone or in conjunction with another therapy code, additional payment should not be made. Payment is included in the allowance for another therapy service/procedure performed. These services will not be a part of the review.

CPT code 99213-MP listed on the table of disputed services is invalid per the 2002 Medical Fee Guideline. These services will not be a part of the review.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

28 Texas Administrative Code Sec. 133.308

PART VII: DIVISION DECISION AND ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code, Sec. 413.031, the Division has determined that the requestor is not entitled to additional reimbursement for the services involved in this dispute and is not entitled to a refund of the paid IRO fee.

Findings and Decision by:

10-11-05

Authorized Signature

Date of Findings and Decision

PART VIII: YOUR RIGHT TO REQUEST JUDICIAL REVIEW

Appeals of medical dispute resolution decisions and 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. The Division is not considered a party to the appeal.

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

**IRO Medical Dispute Resolution M5 Retrospective Medical Necessity
IRO Decision Notification Letter**

Date:	09/14/2005 10/07/05 AMENDED
Injured Employee:	
MDR #:	M5-05-2509-01
TWCC #:	
MCMC Certification #:	IRO-5294

REQUESTED SERVICES:

Please review the item(s) in dispute:

Were the electrical stimulation 97032; ultrasound 97035; therapeutic exercises 97110; massage 97124; and 99215-25 from 10/02/2004 to 12/16/2004 medically necessary?

DECISION: Upheld

IRO MCMC llc (MCMC) has been certified by the Texas Department of Insurance as an Independent Review

Organization (IRO) to render a recommendation regarding the medical necessity of the above disputed service.

Please be advised that a MCMC Physician Advisor has determined that your request for an M5 Retrospective Medical Dispute Resolution on 09/14/2005, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The medical necessity for the items listed above from 10/02/2004 to 12/16/2004 are not established.

CLINICAL HISTORY:

Records indicate that the above captioned individual was involved in an auto accident which reportedly occurred on . The history reveals that this injured individual was involved in this accident during the normal course of her employment. The injured individual was taken to an emergency facility by ambulance where she was treated and released and later presented to the office of the attending physician on 09/18/2004 for examination and treatment. Initial examination revealed decreased ranges of motion and decreased reflexes at L4. Daily chiropractic care was initiated. There are no follow-up examination reports submitted for review. MRI exam of the cervical and lumbar spine revealed multi-level disc pathology of minimal annular bulging with some suggestions of neural mass effect. An orthopedic consult was attended on 01/24/2005, which suggested epidural steroid injections in conjunction with active rehabilitation.

RATIONALE:

The submitted clinical information is insufficient to establish the medical necessity of the services captioned above from 10/02/2004 through 12/16/2004. Specifically, this injured individual presented to the office of the attending physician (AP) on 09/18/2004 complaining of symptomatology that occurred as the result of a traffic accident. An initial exam was submitted for review that establishes that the injured individual complained of significant pain and demonstrated objective deficits including range of motion loss. However, there are no daily notes submitted for review from 09/18/2004 through 10/01/2004 to ascertain and determine the appropriateness and medical necessity of continuing care in this particular case. Generally accepted standards of care and practice within the chiropractic profession would allow for an initial trial of care of a length of 2-4 weeks to ascertain if the injured individual was an appropriate candidate for the application of chiropractic care. It should also be noted that the injured individual exhibited some neurological deficit as of the initial exam. Therefore, this type injured individual should be monitored more closely and quickly for appropriateness of care and response. In this particular case, the injured individual was administered an extensive course of chiropractic care beginning 09/18/2004 to include daily treatments. As of 10/02/2004, as many as 12-15 visits had apparently been attended. Also, given the daily nature of the administered care, a stronger burden of proof is placed upon the documentation to establish that ongoing chiropractic care is appropriate and proving to be efficacious. Given the fact that there are no daily notes submitted for review from 09/18/2004 to 10/02/2004, it is difficult at best to ascertain the appropriateness of continued care at that juncture. In this particular case there are no comparative objective notations either within the daily notes or as a result of a comparative, follow-up examination to demonstrate that objective progress was being achieved. Similarly, there are no daily notations or comparative examinations to demonstrate that subjective symptomatology was being relieved. In fact, a consultative referral was attended dated 01/24/2005, which reported subjective pain levels were continuing to be severe, as much as 9/10. Given these severe lingering subjective deficits some 4 months after the initiation of care, it could not be reasonably expected that significant subjective relief was achieved during the initial course of care. Nevertheless, given the lack of clinical information and daily notes dated 09/18/2004 through 10/01/2004, and given the insufficient nature of the daily notes from 10/02/2004 to 10/20/2004, which did not include comparative objective and subjective data, the medical necessity for care from 10/02/2004 to 12/16/2004 is not established.

RECORDS REVIEWED:

- TWCC Notification of IRO Assignment dated 06/24/05
- TWCC Notification of IRO Assignment with handwritten note dated 07/26/05
- MR-117 dated 05/12/05
- MCMC: IRO Medical Dispute Resolution M5 Retrospective Medical Necessity dated 08/15/05

- MCMC: IRO Medical Dispute Resolution M5 Retrospective dated 06/24/05
- TWCC-60
- Loyola Chiropractic & Rehab Clinic: Letters from Dr. Ignatius Igbokwe dated 02/15/05, 12/30/04 and 10/23/04
- Lubor Jarolimek, MD: Report dated 01/24/05
- Cambridge: Explanation of Reviews dated 01/10/05, 11/01/04 and one with the process date not visible
- Physician's Contract Services: Report dated 12/01/04 from Casey Cochran, DO
- Imaging Institute of Texas: MRI cervical spine, MRI lumbar spine dated 10/05/04
- Health Insurance Claim Forms for dates of service 10/04/04 through 12/16/04
- Loyola Chiropractic & Rehab Clinic: Handwritten Progress Notes dated 10/02/04 through 12/16/04
- Loyola Chiropractic Clinic: Report dated 09/20/04 from Dr. Ignatius Igbokwe
- Memorial Hermann Hospital: Discharge Instructions dated 09/17/04

The reviewing provider is a Licensed/Boarded Chiropractor and certifies that no known conflict of interest exists between the reviewing Chiropractor and any of the treating providers or any providers who reviewed the case for determination prior to referral to the IRO. The reviewing physician is on TWCC's Approved Doctor List.

This decision by MCMC is deemed to be a Commission decision and order (133.308(p) (5)).

In accordance with commission rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent via facsimile to the office of TWCC on this

7th day of October 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Paul Gilleen

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