

# MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

## Retrospective Medical Necessity Dispute

### PART I: GENERAL INFORMATION

Type of Requestor: (X)HCP ( )IE ( )IC	Response Timely Filed? ( ) Yes (X) No
Requestor's Name and Address MTR Management C/o Elizabeth Taylor 112 West Pipeline Road # B Hurst, Texas 76053	MDR Tracking No.: M5-05-2566-01
	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		
05-26-04	07-14-04	98940, 97110, 99211-25 and 97012	<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.

CPT code 97014 date of service 07-07-04 is invalid for Medicare and will not be part of the review.

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

### 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

07-20-05

\_\_\_\_\_  
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**

Either party to this medical dispute may disagree with all or part of the Decision and has a right to request a hearing. A request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings/Appeals Clerk within 20 (twenty) days of your receipt of this decision (28 Texas Administrative Code § 148.3). This Decision was mailed to the health care provider and placed in the Austin Representatives box on \_\_\_\_\_. This Decision is deemed received by you five days after it was mailed and the first working day after the date the Decision was placed in the Austin Representative's box (28 Texas Administrative Code § 102.5(d)). A request for a 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.

The party appealing the Division's Decision shall deliver a copy of their written request for a hearing to the opposing party involved in the dispute.

**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:** July 18, 2005

**To The Attention Of:** TWCC  
7551 Metro Center Drive, Suite 100, MS-48  
Austin, TX 78744-16091

**RE: Injured Worker:** \_\_\_\_\_  
**MDR Tracking #:** M5-05-2566-01  
**IRO Certificate #:** 5242

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:**

- Notice of IRO Assignment
- Medical Dispute Resolution Request/Response
- Table of Disputed Services dates 5/26/04-7/14/04
- Explanation of Benefits from Texas Mutual dates 5/26/04-7/14/04
- Health Insurance Claim Forms Request for Reconsideration dated 2/10/04-2/26/04 from Rehab 2112 Tony Bennett, D.C.
- MRI of the Lumbar Spine dated 11/12/03 from Central Imaging of Arlington
- Daily Records from Crossroad Chiropractic dates 5/26/04-7/14/04
- Request for updated MRI of the lumbar spine from Elizabeth Taylor, D.C. at Crossroad Chiropractic

### **Submitted by Respondent:**

- None

## **Clinical History**

Mr. \_\_\_ is a 45-year-old male who allegedly injured his low back while employed with \_\_\_\_\_. The claimant has been treated by Elizabeth Taylor, D.C., whose treatment has consisted of chiropractic manipulation, decompression traction and therapeutic exercises. The claimant had an MRI of the lumbar spine performed on 11/12/03 at Central Imaging of Arlington. The MRI of the lumbar spine revealed at the L1/L2 level disc desiccation, loss of disc space height and approximately 2-3mm right lateral soft tissue disc protrusion touch and effacing the thecal sac on the right, at the L3/L4, L4/L5 and L5/S1 there is an approximately 2mm broad base and symmetrical annular bulge touch and slightly effacing the thecal sac minimal sclerosis about the articular facets in demonstrated bilaterally.

## **Requested Service(s)**

Chiropractic manipulations 98940, therapeutic exercises 97110, office visits 99211-25, and mechanical traction 97012 for dates of service 5/26/04 through 7/14/04

## **Decision**

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

## **Rationale/Basis for Decision**

There is very limited medical documentation provided as to the mechanism of injury or what treatments the claimant has already had since the date of injury on \_\_\_\_\_. However, treatment for an apparent lumbar disc injury 3 years 2 months post injury would be considered excessive based on The Official Disability Guidelines 10<sup>th</sup> Edition, which allows up to 18 chiropractic treatments with evidence of objective functional improvement over a 6-8 week period for a lumbar disc injury. The claimant did not show any evidence of objective functional improvements or subjective improvements with Elizabeth Taylor, D.C. treatments. Therefore, it would seem excessive and not medically reasonable or necessary for continued chiropractic manipulations with lumbar decompression and supervised therapeutic exercises. I form this decision using the Official Disability Guidelines 10<sup>th</sup> Edition which is a guideline of specific conditions which uses a major source being the "Mercy Guidelines", the consensus document created by the American Chiropractic Association in conjunction with the Congress of State Chiropractic Associations, entitled Guidelines for Chiropractic Quality Assurance and Practice Parameters, Proceedings of the Mercy Center Consensus Conference.

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 18<sup>th</sup> day of July 2005.

Signature of IRO Employee:

Printed Name of IRO Employee: Denise Schroeder