

MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

Retrospective Medical Necessity Dispute

PART I: GENERAL INFORMATION

Type of Requestor: (X) HCP () IE () IC	Response Timely Filed? (X) Yes () No
Requestor's Name and Address Texas Imaging & Diagnostic Center 3840 W. Northwest HWY # 400 Dallas, Texas 75220	MDR Tracking No.: M5-05-2658-01
	TWCC No.:
	Injured Employee's Name:
Respondent's Name and Address Federal Insurance Company Box 17	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		
01-04-05	01-04-05	MRI of spinal canal and contents without contrast (72141)	<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.

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

08-12-05

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.

August 9, 2005

Texas Workers Compensation Commission
MS48
7551 Metro Center Drive, Suite 100
Austin, Texas 78744-1609

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-05-2658-01
TWCC #: ____
Injured Employee: ____
Requestor: Texas Imaging & Diagnostic Center
Respondent: Federal Ins Co/Downs-Stanford
MAXIMUS Case #: TW05-0138

MAXIMUS has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The MAXIMUS IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to MAXIMUS for independent review in accordance with this Rule.

MAXIMUS has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing physician on the MAXIMUS external review panel. The reviewer has met the requirements for the ADL of TWCC or has been approved as an exception to the ADL requirement. This physician is board certified in neurology and is familiar with the condition and treatment options at issue in this appeal. The MAXIMUS physician reviewer signed a statement certifying that no known conflicts of interest exist between this physician and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to MAXIMUS for independent review. In addition, the MAXIMUS physician reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 28 year-old male who sustained a work related injury on _____. He has been treated with chiropractic treatment consisting of manual therapy, electrical muscle stimulation, hot packs and neuromuscular re-education. The patient complained of headaches following a head injury on the job when he saw a physician on 9/24/04. An MRI of the head performed on 9/9/04 revealed ethmoid sinusitis and no significant further abnormality. A CT scan of his head performed on 10/14/04 was reported to be unremarkable. The patient has been diagnosed with status post head injury, post traumatic stress disorder, cervical strain and post traumatic cephalgia mixed vascular and muscle contraction headaches. An MRI of his cervical spine performed on 1/4/05 revealed a board based central disc protrusion measuring approximately 2 mm at C2-3 without evidence of cord or nerve root compression, mild spondylosis with mild disc bulging and posterior endplate spurring on the left at C5-6 with no evidence of cord compression or central canal stenosis and non-specific straightening of the usual cervical lordosis.

Requested Services

MRI of spinal canal and contents without contrast – 72141, performed on 1/4/05.

Documents and/or information used by the reviewer to reach a decision:

Documents Submitted by Requestor:

1. Treatment records from 9/23/04 to 10/1/04.
2. Chiropractic peer review report dated 11/16/04
3. Report from MRI of the cervical spine performed on 1/4/05

Documents Submitted by Respondent:

1. None submitted

Decision

The Carrier's denial of authorization for the requested services is upheld.

Rationale/Basis for Decision

The MAXIMUS physician reviewer noted that this case concerns a 28 year-old male who sustained a work-related injury on _____. The MAXIMUS physician reviewer also noted that the patient has been diagnosed with status post head injury, post traumatic stress disorder, cervical strain and post traumatic cephalgia mixed vascular and muscle contraction headaches. The MAXIMUS physician reviewer further noted that a CT scan of the patient's head was performed on 10/14/04 and that an MRI of his cervical spine was performed on 1/4/05. The MAXIMUS physician reviewer explained that there was no evidence of cervical myelopathy or radiculopathy in the medical records available for review. The MAXIMUS physician reviewer also explained that MRI of the patient's cervical spine was not indicated in the absence of evidence of cervical myelopathy or radiculopathy.

Therefore, the MAXIMUS physician consultant concluded the MRI of the spinal canal and contents without contrast – 72141, performed on 1/4/05 was not medically necessary to treat this patient's condition.

Sincerely,
MAXIMUS

Lisa K. Maguire, Esq.
Project Manager, State Appeals