

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 Trent A Caskey DC, PC 9005 Dyer Street, Suite B El Paso TX 79904	MDR Tracking No.: M5-05-2716
	TWCC No.:
	Injured Employee's Name:
Respondent's Name and Address c/o Harris & Harris Box 42	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		
6-24-04	12-21-04	99213, 97112, 97110, 97530, 97140, 99215	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			<input checked="" type="checkbox"/> Yes <input 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 **prevailed** on the disputed medical necessity issues. Per Rule 134.202(d), reimbursement shall be the lesser of the amount billed or the MAR. The amount due from the carrier for the medical necessity issues equals \$1,313.64.

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 7-15-05 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.

Code 99080-73 billed for dates of service 7-27-04 and 12-21-04 was denied as "V – unnecessary medical"; however, per Rule 129.5, the TWCC-73 is a required report and is not subject to an IRO review. The Medical Review Division has jurisdiction in this matter; therefore, recommend reimbursement of \$15.00 x 2 days = \$30.00. The carrier will be billed for inappropriate denial and referral to Compliance and Practices for inappropriate denial of a TWCC required report.

PART IV: COMMISSION DECISION AND ORDER

Based upon the review of the disputed healthcare services, the Medical Review Division has determined that the requestor is entitled to a refund of the paid IRO fee in the amount of \$460.00. The Division hereby **ORDERS** the insurance carrier to remit this amount plus \$1,343.64 consistent with the applicable fee guidelines, plus all accrued interest due at the time of payment, to the Requestor within 20 days of receipt of this Order

Ordered by:

8-22-05

Authorized Signature

Typed Name

Date

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

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 en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.



PROFESSIONAL ASSOCIATES

NOTICE OF INDEPENDENT REVIEW

NAME OF PATIENT: _____
IRO CASE NUMBER: M5-05-2716-01
NAME OF REQUESTOR: Trent A. Caskey, D.C.
NAME OF PROVIDER: Trent A. Caskey, D.C.
REVIEWED BY: Board Certified in Chiropractics
IRO CERTIFICATION NO: IRO 5288
DATE OF REPORT: 08/12/05

Dear Dr. Caskey:

Professional Associates has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO) (#IRO5288). Texas Insurance Code Article 21.58C, effective September 1, 1997, allows a patient, in the event of a life-threatening condition or after having completed the utilization review agent's internal process, to appeal an adverse determination by requesting an independent review by an IRO.

In accordance with the requirement for Texas Workers' Compensation Commission (TWCC) to randomly assign cases to IROs, TWCC has assigned your case to Professional Associates for an independent review. The reviewing physician selected has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, the reviewing physician reviewed 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. determination, and any documentation and written information submitted in support of the appeal.

This case was reviewed by a physician reviewer who is Board Certified in the area of Chiropractics and is currently listed on the TWCC Approved Doctor List.

I am the Secretary and General Counsel of Professional Associates and I certify that the reviewing physician in this case has certified to our organization that there are no known

conflicts of interest that exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for determination prior to referral to the Independent Review Organization.

REVIEWER REPORT

Information Provided for Review:

An emergency room report dated ____ from Providence Memorial Hospital from an unknown provider (the signature was illegible)

X-rays of the lumbosacral spine dated ____ and interpreted by Michael Higgins, M.D., as well as x-rays of the left knee

An evaluation by Trent Caskey, D.C. dated 04/23/04

Treatment with Dr. Caskey dated 04/26/04, 04/28/04, 04/29/04, 05/03/04, 05/04/04, 05/06/04, 05/10/04, 05/11/04, 05/13/04, 05/17/04, 05/18/04, 05/20/04, 05/24/04, 05/25/04, 05/27/04, 06/01/04, 06/04/04, 06/07/04, 06/08/04, 06/10/04, 06/15/04, 06/17/04, 06/21/04, 06/22/04, 06/24/04, 06/28/04, 06/29/04, 07/01/04, 07/19/04, and 07/27/04

An evaluation by Robert Urrea, M.D. dated 05/19/04

An MRI of the lumbar spine without contrast dated 05/21/04 and interpreted by William Boushka, M.D.

An MRI of the left knee dated 05/21/04 and interpreted by Dr. Boushka

An admission summary dated 06/14/04 from Dr. Urrea

A procedure note dated 07/02/04 from Dr. Urrea

Another admission summary dated 07/19/04 from Dr. Urrea

A notice of utilization review dated 11/08/04 from FairIsaac

A follow-up evaluation with Dr. Urrea dated 08/20/04

Continued treatment with Dr. Caskey dated 08/30/04, 09/13/04, 08/27/04, 10/11/04, 10/26/04, 11/08/04, 11/29/04, 12/10/04, 12/14/04, 12/21/04, 01/06/05, 01/18/05, 02/01/05, 02/18/05, 03/10/05, 03/16/05, 04/05/05, 04/12/05, 04/19/05, and 05/19/05

A notice of utilization review dated 09/07/04 from FairIsaac

An operative report dated 09/24/04 from Dr. Urrea

Another notice of utilization review dated 10/14/04 from FairIsaac

A follow-up evaluation from Dr. Urrea dated 01/05/05

A Designated Doctor Evaluation with Gilbert Mayorga, Jr. M.D. dated 11/22/04

A lumbar discogram with post discogram CT scan dated 12/02/04 and interpreted by Dr. Urrea

A preoperative history and physical dated 12/17/04 by Dr. Urrea

Another preoperative history and physical dated 01/06/05 from Dr. Urrea

An evaluation with Sergio Pacheco, M.D., a neurological surgeon, dated 01/20/05

Additional follow-up notes from Dr. Urrea on 01/31/05, 02/21/05, and 05/13/05

An additional preoperative history and physical dated 01/31/05 with Dr. Urrea
Two notices of utilization reviews from FairIsaac both dated 02/10/05
A procedure note dated 03/31/05 from Dr. Urrea
An operative note dated 04/26/05 and 04/28/05 from Dr. Urrea
A request for reconsideration from Virginia Flores, the office manager for Dr. Caskey, dated 05/17/05
A letter "To Whom It May Concern" from Virginia Flores dated 06/14/05
A letter "To Whom It May Concern" dated 06/30/05 from Dr. Caskey

Clinical History Summarized:

The claimant presented to the emergency room on ____, as he had fallen from a standing position and injured his lower back and left knee. He was diagnosed with acute lumbosacral strain and a contusion to the left knee. The claimant attended chiropractic therapy with Dr. Caskey from 04/26/04 through 05/23/05. The claimant received an L3-L4 epidural steroid injection (ESI) on 07/02/04. The claimant received bilateral L4-L5 and L5-S1 facet blocks on 09/24/04 from Dr. Urrea. On 12/02/04, the claimant underwent a lumbar discogram with post discogram CT scan from L1 to S1. The claimant was admitted on 12/17/04 for an L3-L4 discectomy, along with an L4-L5 and L5-S1 intradiscal electrothermal therapy (IDET). On 01/06/05, the claimant was admitted for an L3-L4 discectomy with annuloplasty and L4-L5 neuroforaminoplasty and an L4-L5 and L5-S1 IDET. Dr. Urrea performed an L3-L4 ESI on 03/31/05. The claimant then underwent an L3-L4 trans-facet discectomy with annuloplasty and a left L4-L5 neuroforaminotomy with hemilaminectomy on 04/26/05 with Dr. Urrea. On 04/28/05, the claimant underwent an IDET procedure at L3-L4, L4-L5, and L5-S1 by Dr. Urrea. On 05/17/05, Ms. Flores provided a request for reconsideration for the dates of service from 06/03/04 through 12/21/04. On 06/14/05, Dr. Caskey addressed a letter "To Whom It May Concern" noting the unpaid bills from 06/24/04 through 12/21/04. Dr. Caskey noted in a letter "To Whom It May Concern" dated 06/30/05 he was taking the claimant off of work through the beginning of August, as his post surgical symptoms were exacerbated upon the claimant's early return to work.

Disputed Services:

Office visits, neuromuscular reeducation, therapeutic exercises, therapeutic activities, and manual therapy techniques from 06/24/04 through 12/21/04

Decision:

I disagree with the insurance carrier as I feel that the office visits, neuromuscular reeducation, therapeutic exercises, therapeutic activities, and manual therapy techniques from 06/24/04 through 12/21/04 would be reasonable and necessary.

Rationale/Basis for Decision:

Texas Labor Code Section 408.021 indicates that an employee who sustains a compensable injury would be entitled to all healthcare reasonably required by the nature of the injury, as and when needed. They are specifically entitled to healthcare that (1) cures or relieves the effects naturally resulting from the compensable injury, (2) promotes recovery, or (3) enhances the ability of the employee to return to or retain employment. Based upon the supplied documentation, treatment provided by Dr. Caskey does meet those requirements. The claimant was able to remain working secondary to treatment provided by Dr. Caskey. There was documentation substantiating the fact that the treatment provided decrease the claimant's severity of pain. Therefore, that treatment would be medically reasonable and necessary as related to the original injury.

This review was conducted on the basis of medical and administrative records provided with the assumption that the material is true and correct.

This decision by the reviewing physician consulting for Professional Associates is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this 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 twenty (20) calendar days** of your receipt of this decision (28 Texas Administrative Code 148.3).

This decision is deemed received by you **five (5) calendar days** after it was mailed and the first working day after the date this decision was placed in the carrier representative's box (28 Texas Administrative Code 102.5 (d)). A request for a hearing should be faxed to 512-804-4011 or sent to:

Chief Clerk of Proceedings/Appeals Clerk
Texas Workers' Compensation Commission
P. O. Box 17787
Austin, TX 78744

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization's decision was sent to TWCC via facsimile or U.S. Postal Service on 08/12/05 from the office of Professional Associates.

Sincerely,

Lisa Christian
Secretary/General Counsel