

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 Nacogdoches Rehabilitation Group 3205 N. University Dr. Suite M Nacogdoches, Texas 75965	MDR Tracking No.: M5-05-2774-01
	TWCC No.:
	Injured Employee's Name:
Respondent's Name and Address Deep East Texas Self Insurance, Box 01	Date of Injury:
	Employer's Name:
	Insurance Carrier's No.:

PART II: SUMMARY OF DISPUTE AND FINDINGS – MEDICAL NECESSITY SERVICES

Dates of Service		CPT Code(s) or Description	Did Requestor Prevail?
From	To		
6-8-04	7-2-04	CPT codes 97140, 97113, 97035, G0283, 97002, 97110	<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.

In accordance with Rule 133.308 (e), requests for medical dispute resolution are considered timely if it they are filed with the division no later than one (1) year after the date(s) of service in dispute. The following date(s) of service are not timely and are not eligible for this review: 5-26-04 – 5-27-04.

The Division has reviewed the enclosed IRO decision and determined that the requestor **prevailed** on the disputed medical necessity issues. The total amount due the requestor for the Medical Necessity services is \$822.21.

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 and the appropriate amount for the services in dispute, totaling \$822.22, plus all accrued interest due at the time of payment, to the Requestor within 20-days of receipt of this Order.

Ordered by:

8-8-05

Authorized Signature

Typed Name

Date of Order

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.



Specialty Independent Review Organization, Inc.

August 4, 2005

TWCC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient: _____
TWCC #: _____
MDR Tracking #: M5-05-2774-01
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to Specialty IRO for independent review in accordance with TWCC Rule 133.308, which allows for medical dispute resolution by an IRO.

Specialty IRO has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Doctor of Chiropractic. The reviewer is on the TWCC ADL. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

The patient was injured on the job in an automobile accident on _____. She was driving a bus for the _____ when she was hit by a second car after cutting short on a rural road. She had an onset of low back, mid back and neck pains as well as headaches. She was initially seen by Randal Vinther, MD. Conservative treatment was attempted unsuccessfully. The patient was treated surgically with a bilateral BAK cage at the L4/5 level on April 3, 2002, but the patient saw no improvement in symptoms. She later changed to Dr. William Hairston as her treating doctor. He treated her with medications and referred for physical medicine. MRI of May 12, 2004 was performed with carrier approval which indicated no disk herniation or neural compromise. She was referred for physical therapy in May of 2004 and was treated until July of 2004.

Records Reviewed:

From the requestor: Letter of necessity to the carrier, letter from Dr. Hairston, treatment plans, PT Notes indicating passive and active therapy plans/.

From the treating doctor: office notes, TWCC 73 forms, URA approval for repeat MRI.

From the carrier: Letter from John Fowler (a worker's comp consultant who is described in his letterhead as a former TWCC MDR manager), review by Charles Crane, MD, TWCC 73s, hospital notes, office notes of the treating doctor, PT notes, radiographic reports (plain film and MRI), explanation of benefits, assorted preauthorization forms and impairment rating by Ronald Corley, MD.

DISPUTED SERVICES

The items in dispute are the retrospective medical necessity of 97140-manual therapy technique, 97113-aquatic therapy, 97035-ultrasound, G0283-electrical stimulation, 97002-physical therapy reevaluation and 97110-therapeutic exercises from 6-8-2004 through 7-2-2004.

DECISION

The reviewer disagrees with the previous adverse determination.

BASIS FOR THE DECISION

The patient had a clearly, well defined surgical failure in the lumbar spine. A serious exacerbation was treated conservatively and appropriately by the requesting clinic. While this case does not fit into the normal "8 weeks of therapy" model, it is clear that the patient did have some serious pain and dysfunction issues. This has not been disputed by either the carrier or its reviewer. It is not unexpected for a patient who has a Failed Back Surgery Syndrome to experience long periods of pain and discomfort. While there are no established guidelines that adequately address this syndrome, the literature acknowledges that the patient needs to be treated and that PT is one of the most conservative and safe options. The care rendered by the clinic was appropriate and seemed to be successful. The patient benefited from the program through reduced pain and increased functional ability, per the letter from Dr. Hairston and the clinic's notes. This opinion is performed in accordance with the Evidence Based Medicine guidelines, which state that physical medicine is effective for chronic low back pain syndromes. Also referenced in research of this finding is "Etiologies of Failed Back Surgery Syndrome", by Slipman, Shin, Patel, Issac, Huston, Lipetz, Lenrow, Braverman and Vresilovic; Pain Medicine, Volume 3, Issue 3, Page 200, September 2002. The result of the research and review of records is that the reviewer finds the care reasonable and necessary for the patient's condition.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that there is no known conflict between the reviewer, Specialty IRO and/or any

officer/employee of the IRO with any person or entity that is a party to the dispute.

Sincerely,

Wendy Perelli, CEO

CC: Specialty IRO Medical Director
