



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: North Texas Pain Recovery Clinic 6702 West Poly Webb Road Arlington, Texas 76016	MDR Tracking No.: M5-05-2870-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: Liberty Mutual Insurance Box 28	Date of Injury:
	Employer's Name:
	Insurance Carrier's No.:

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Medically necessary per treating physician.

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

No position summary available in file.

PART IV: SUMMARY OF DISPUTE AND FINDINGS - Medical Necessity Services

Date(s) of Service	CPT Code(s) or Description	Medically Necessary?	Additional Amount Due (if any)
11-08-04 to 12-09-04	97113 and 97002	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$899.40

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 prevail on the disputed medical necessity issues. The amount due the requestor for the items denied for medical necessity is \$899.40 per Rule 134.202(c)(1).

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

28 Texas Administrative Code Sec. 133.308 and Rule 134.202(c)(1)

PART VII: DIVISION DECISION

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 entitled to reimbursement in the amount of \$899.40. In addition, the Division finds that the requestor was the prevailing party and is entitled to a refund of the IRO fee in the amount of \$460.00. The Division hereby **ORDERS** the insurance carrier to remit this amount plus all accrued interest due at the time of payment to the Requestor within 30 days of receipt of this Order.

Findings and Decision and Order by:

09-16-05

Authorized Signature

Typed Name

Date of Order

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.

MEDICAL REVIEW OF TEXAS

[IRO #5259]

3402 Vanshire Drive

Austin, Texas 78738

Phone: 512-402-1400

FAX: 512-402-1012

NOTICE OF INDEPENDENT REVIEW DETERMINATION

TWCC Case Number:	
MDR Tracking Number:	M5-05-2870-01
Name of Patient:	
Name of URA/Payer:	North Texas Pain Recovery Center
Name of Provider: (ER, Hospital, or Other Facility)	North Texas Pain Recovery Center
Name of Physician: (Treating or Requesting)	Todd Roland, DC

September 1, 2005

An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

Sincerely,

Michael S. Lifshen, MD
Medical Director

cc: Texas Workers Compensation Commission

CLINICAL HISTORY

Available documentation received and included for review consists of treatment records from Dr. Roland, (DC); ESI operative report Dr. Westergard (MD), Impairment rating Dr. Adedokun (DO); consult reports Drs Westergard (MD), Ciepiela (MD), Greybill (DO) and Aquatic therapy daily visit notes.

Mr. ____, a 53-year-old male, injured his lower back while at work lifting some heavy truck batteries while working in a truck sales position. He consulted with Dr. Roland, a chiropractor, then referred to various providers including orthopedists and pain management specialists. He underwent protracted amounts of physical therapy, chiropractic treatments, ESI's and use of the TENS machine. MRI on 1/26/03 revealed a L5/S1 disc herniation with multilevel neuroforaminal stenosis and L3/4 & L4/5 disc bulges. He has been treated with Bextra, methocarbamol and hydrocodone medications. In August of 2004, he went through a work hardening program.

He was seen for carrier-selected IME purposes on 8/27/04 by an orthopedist who felt that he had a L5/S1 disc herniation with left S1 radiculopathy, He opined that treatments to date had been reasonable and necessary, that the patient was responding to current treatment and recommended conversion to a maintenance program including a one-year gym membership with reevaluation after 1 year to determine efficacy and utilization. He also recommended lifting restrictions of 20 to 25 pounds, and that he would not ever be able to return to his previous full duty position.

A designated doctor's evaluation on 9/29/04 found the patient to be at MMI with 5% whole person impairment comprised of specific DRE category II disorder.

The patient then underwent a chronic pain management program in November – January 2005, which included some aquatic based exercises. This was prescribed by David Grabill, DO, the program director.

The purpose of this was apparently to transition to a health club membership with aquatic therapy potential. As a result of his physical limitations, water therapy was felt to help him progress further than a simple land-based program.

A peer-review questioned the medical necessity of such a program.

REQUESTED SERVICE(S)

Medical necessity of aquatic therapy, 97113, 97002 physical therapy reevaluation (11/8/04-12/9/04)

DECISION

Approved. There is establishment of medical necessity for all disputed services.

RATIONALE/BASIS FOR DECISION

The patient had undergone extensive conservative care measures. He remained off work for longer than four months. He remained with some functional and strength deficits that precluded a return to work. He went through work hardening program and then progressed on to a chronic pain management program with eventual goal of transitioning to a home-based exercise/gym environment. Considering the protracted nature of the patients condition, his response to all the prior treatment interventions and the general consensus of agreement amongst the attending physicians, I feel that the clinical rationale for prescribing aquatic therapy was sound, in that it provided a more physically tolerable program with better predicted compliance and utilization in a gym environment.

The standard of medical necessity in Workers Comp, according to the Texas labor code 408.021 (entitlement to medical benefits) is that an employee who sustained a compensable injury is entitled to all healthcare reasonably required by the nature of the injury as and when needed. The employee is 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.

As such, medical necessity for the services has been satisfied.

References:

- 1/ CARF Manual for Accrediting Work Hardening Programs
- 2/ National Guidelines House Clinical practice for chronic nonmalignant pain syndrome patient's II: An evidence based approach. J. Bank musculus can eat all rehabilitation 1999 Jan 1st; 13:47-58.
- 3/ ACOEM Ch. 6. Pgs 108, 109, 113, 116
- 4/ AMA Guides to the Evaluation of Physical Impairment, 4th Edition

The above analysis is based solely upon the medical records/tests submitted. It is assumed that the material provided is correct and complete in nature. If more information becomes available at a later date, an additional report may be requested. Such and may or may not change the opinions rendered in this evaluation.

Opinions are based upon a reasonable degree of medical/chiropractic probability and are totally independent of the requesting client.