



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

<b>Type of Requestor:</b> (X) Health Care Provider ( ) Injured Employee ( ) Insurance Carrier	
Requestor's Name and Address: Southeast Health Services P O BOX 170336 Dallas, Texas 75217	MDR Tracking No.: M5-05-2976-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address:  C/o Flahive-Ogden-Latson Box 19	Date of Injury:
	Employer's Name:
	Insurance Carrier's No.:

#### PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

DOCUMENTATION SUBMITTED: TWCC-60 package, CMS 1500, EOB and medical documentation  
POSITION SUMMARY: None submitted by Requestor

#### PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

DOCUMENTATION SUBMITTED: Response to TWCC-60  
POSITION SUMMARY: This is a dispute involving a charge for a 07/19/04 office visit. This charge was denied on medical necessity grounds. The provider has provided chart notes, which do not address the issue(s), in contention. There is no documentation actually proving a referral, explaining the reasons for the referral or that the referral was necessary to treat the compensable injury. Thus provider has failed to establish the medical necessity of the charges made.

#### PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	CPT Code(s) or Description	Medically Necessary?	Additional Amount Due (if any)
07-19-2004	99204	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$0.00

#### 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 **not** prevail on the disputed medical necessity issues.

**PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION**

28 Texas Administrative Code Sec. 133.308

**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 not entitled to reimbursement for the service involved in this dispute and is not entitled to a refund of the paid IRO fee.

Findings and Decision by:

10-06-05

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date of Findings and Decision

**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.**

**Envoy Medical Systems, LP  
1726 Cricket Hollow  
Austin, Texas 78758**

Phone 512/248-9020

Fax 512/491-5145

IRO Certificate #4599

**NOTICE OF INDEPENDENT REVIEW DECISION**

September 27, 2005

**Re: IRO Case # M5-05-2976 -01 \_\_\_\_**

Texas Worker's Compensation Commission:

Envoy Medical Systems, LP (Envoy) has been certified as an independent review organization (IRO) by the Texas Department of Insurance and has been authorized to perform independent reviews of medical necessity for Texas Workers' Compensation cases). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that cases be assigned to certified IROs, TWCC this case was assigned to Envoy for an independent review. Envoy has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, Envoy received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a Doctor of Chiropractic who is licensed in Texas, and who has met the requirements for the Workers' Compensation Approved Doctor List or who has been granted an exception from the ADL. He or she has signed a certification statement attesting 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 referral to Envoy for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the Envoy reviewer who reviewed this case, based on the medical records provided, is as follows:

#### Medical Information Reviewed

1. Table of disputed services
2. Explanation of benefits
3. Notes, Liberty Health Care
4. TWCC 69 reports
5. Report 7/26/04, Dr. C.
6. TWCC work status reports
7. Notes, Dr. Ringer and Dr. Greer
8. Report 5/21/04, Dr. Mauldin
9. Report 4/28/04, Dr. Battle
10. Report 3/9/04, Dr. Bayles
11. Initial report \_\_\_\_, Dr. Greer
12. PPE report 5/24/04
13. FAE report 4/23/04
14. TWCC statement of pharmacy services
15. Radiology and diagnostic test reports
16. WH notes, CART

#### History

The patient injured her neck and back in \_\_\_\_ when she tripped and fell. Two days later she began conservative treatment. She has been treated with physical therapy, medication and a work hardening program. She also has been evaluated by MRI, CT and EMG.

#### Requested Service(s)

Office visit (99204) 7/19/04

#### Decision

I agree with the carrier's decision to deny the requested services.

#### Rationale

The patient received an extensive and adequate trial of conservative treatment with minimal, if any, relief of symptoms or improved function. Her VAS for pain was still 6-8 after six months of conservative treatment and a work hardening program. As of 7/19/04 she was still having significant problems with performance of normal daily activities.

On 4/28/04 a neurosurgeon evaluated the patient and reported no significant improvement in her symptomatology after two months of treatment. On 5/21/04 an orthopedic surgeon reported that the patient would always have some degree of problems due to her weight and extensive degenerative disk disease, and facet arthropathy in her lumbar spine. He also noted that further conservative treatment was not necessary, and recommended a home exercise program and NSAIDs. Apparently the patient had been referred to Southwest Health Services for spinal decompression "since conservative treatment had failed."

Based on the records provided for this review, the patient's chronic and ongoing care did not appear to produce measurable or objective improvement, did not appear to be directed towards a return to work, and did not appear to be provided in the least intensive setting. The continued use of failed conservative therapy does not establish a medical rationale for additional non-effective therapy, such as the services in this dispute.

Based on the records provided for this review, the patient's condition plateaued in a diminished state in May 2004, after around three months of failed treatment. The documentation provided failed to support any services after the completion of the work hardening program.

This medical necessity decision by an Independent Review Organization is deemed to be a Workers' Compensation Division decision and order.

Sincerely,

---

Daniel Y. Chin, for GP