



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 Center 6702 West Poly Webb Road Arlington, Texas 76016	MDR Tracking No.: M5-05-3005-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: American Casualty Company Box 47	Date of injury:
	Employer's Name:
	Insurance Carrier's No.:

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

DOCUMENTATION SUBMITTED: TWCC-60, explanations of benefits, CMS 1500s
POSITION SUMMARY: "Medically necessary per treating physician" per the table of disputed services

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

DOCUMENTATION SUBMITTED: Response to TWCC-60 and medical documentation
POSITION SUMMARY: No position summary submitted by Respondent

PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	CPT Code(s) or Description	Medically Necessary?	Additional Amount Due (if any)
10-20-04 to 11-12-04	97750, 97545-WH-CA and 97546-WH-CA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$2,760.00

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 **prevailed** on the disputed medical necessity issues. The total amount due from the carrier for the medical necessity issues equals **\$2,760.00**.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

28 Texas Administrative Code Sec. 133.308

PART VII: DIVISION DECISION AND ORDER

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 \$2,760.00. 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 \$650.00. 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.

Ordered by:

10-13-05

Authorized Signature

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.

Envoy Medical Systems, LP

1726 Cricket Hollow
Austin, Texas 78758
Fax 512/491-5145

Phone 512/248-9020
IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

October 11, 2005

Re: IRO Case # M5-05-3005 –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, Rule 133.308 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 physician who is Board Certified in Physical Medicine and Rehabilitation, 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. RME 10/5/04, Dr. Osborne
4. Evaluation 6/10/04, Dr. Sanders
5. DDEs 2/19/04, 8/23/04, Dr. Fowler
6. FCE 10/20/04,
7. Notes work hardening program 10/29/04 – 11/12/04
8. Psychological evaluation 8/19/04
9. Pain management consult report 10/20/04
10. Operative reports and follow up notes 2003, 2004, Dr. Cantu
11. Medical notes Dr. Kjeldgaard
12. Discogram report 8/12/03
13. MRI lumbar spine reports 6/13/03, 3/10/04
14. Follow up notes, Dr. Polatin
15. Medical notes, Dr. Mayer
16. Mental health evaluation 5/6/04
17. Functional evaluation 5/8/04
18. Initial PT evaluation 5/4/04, 12/11/03
19. Medical notes, Dr. Graybill 2004 – 2005
20. H & P report 9/11/03, Dr. Cantu

History

The patient is a 36-year-old female who tripped and fell over some boxes in _____. She presented on 6/11/03 with complaints of back pain that radiated down her right leg to the foot, with pins and needles in both feet. Findings on a 6/13/03 MRI included degenerative changes at L4-5 with diffuse disk bulge and bilateral foraminal and lateral recess stenosis. She was referred for an orthopedic consult on 6/26/03 and aquatic therapy and Bextra were recommended. An 8/12/03 discogram was positive for concordant pain production at the L4-5 and L5-S1 levels. An 8/22/03 electrodiagnostic study revealed acute lumbar radiculopathy involving the L5 and S1 nerve roots. For pain management on 9/11/03 and epidural steroid injections were recommended. On 9/22/03 the patient underwent the first epidural steroid injections at L5 and S1. The injections were not beneficial. The patient underwent a right selective nerve root block on 10/13/03 that did not help. On 11/24/03 a percutaneous nucleoplasty at L4-5 and L5-S1 was performed. This relieved the patient's low back pain, but did not help the radicular pain in her right leg. On 12/15/03, she underwent a right piriformis injection, and on 2/16/04 a right SI joint injection with arthrogram was performed. A 3/10/04 repeat MRI showed facet arthropathy at L4-5 and L5-S1 on the relative central canal and bilateral neural foraminal narrowing. On 4/21/04 a transforaminal epidural steroid injection was performed. The patient was started in aquatic therapy in March 2004. Follow up notes document the patient's ability to tolerate this therapy and indicate improvement in her pain. The patient was referred to an orthopedist on 5/4/04. He recommended against surgery because of the patient's obesity. The patient was started in the PRIDE program. On 5/19/04 she underwent right L5 and right S1 transforaminal epidural steroid injections. On 6/7/04 a medication management consultation led to modification of the patient's medications, including Paxil, Trazodone, Hydrocodone and anti-inflammatory medication. On 6/14/04 the patient underwent transforaminal epidural steroid injections on the right at L5 and S1. She had some initial relief, but this did not last. It was recommended that the patient not undergo an aggressive physical therapy program, but that she continue with aquatic therapy. The patient apparently was unable to tolerate the exercises in the PRIDE program. She underwent an FCE on 10/20/04 and was found to be functioning at a sedentary work level with poor endurance and maximal pain behaviors. The patient began physical therapy on 10/27/04, but was discharged from the program after three weeks due to lack of any meaningful progress.

Requested Service(s)

Physical performance test or measurement, work hardening program 10/20/04 – 11/12/04

Decision

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

Rationale

The patient had a chronic pain syndrome as a result of her _____. She was not a surgical candidate because of her obesity. Efforts at treatment including medications and injections were unsuccessful. The patient had done well in the past with aquatic therapy. She tried a functional restoration program, including land-based exercises that she did not tolerate. The patient's physician noted that the therapy program was too aggressive and included axial loading exercises that were not appropriate for this patient. The most effective treatment choice for this patient would be a multi-disciplinary functional restoration program involving aquatic therapy. A functional capacity evaluation was necessary prior to beginning the program to document the patient's functional deficits. Programs of this type, including a multi-disciplinary approach and multiple psychological and non pharmacologic methods of pain management have been shown to be most successful with patients with chronic pain syndrome. It is unfortunate that the patient did not progress in the short trial. However, the trial itself, and the evaluation prior to enrollment were medically necessary and appropriate.

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