



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: SCD Back and Joint Clinic, Ltd 200 E 24 th Street, Suite B Bryan, Texas 77803	MDR Tracking No.: M5-05-3122-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: Box 25	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 1500s, explanations of benefits and medical documentation
POSITION SUMMARY: Medical Necessity Dispute per TWCC-60

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

DOCUMENTATION SUBMITTED: Response to TWCC-60
POSITION SUMMARY: Per the table of disputed services "Medical necessity not supported for continued P.T./chiro care for DOI."

PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	CPT Code(s) or Description	Medically Necessary?	Additional Amount Due (if any)
08-12-04 to 02-16-05	99212, 97012, 98940, A4595, 99213, 97124, 97530, 99211, G0283, 97112, 97750 and 97110	<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.

The requestor withdrew CPT code 97024 listed on the table of disputed services on 10-05-05. These services will not be a part of the review.

CPT code 97139-EU dates of service 08-12-04 and 10-05-04 are billed with invalid modifiers per the 2002 Medical Fee Guideline. These services will not be a part of the review.

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 services 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 # M5-05-3122 -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 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. Letter to IRO from ATARR 9/6/05
4. Progress note 3/21/03, The Therapy Center
5. Initial report 6/19/03, Dr. Wyatt
6. RWCC work status reports
7. Treatment notes, Dr. Wyatt
8. Reports 11/19/03, 1/2/04, Dr. Oishi
9. Report 7/24/03, Dr. Light
10. Orthopedic consult reports 8/11/03, 11/20/03, Dr. Berliner
11. Report 11/11/04, Dr. O
12. TWCC 69 reports
13. Report 5/20/04, Dr. V
14. Reports, Dr. Suchowicky
15. MRI lumbar spine report 6/26/03
16. Letter to IRO 9/2/05, Dr. Wyatt
17. Employee's request to change treating doctor 5/23/03
18. Lumbar home exercise program sheet
19. Narrative reports, Dr. Wyatt
20. IR report 2/25/05, Dr. Wyatt
21. Exercise rehabilitation documentation, Dr. Wyatt
22. IRO submission appeal (14 pages), Dr. Wyatt

History

The patient injured her lower back in ___ when she threw a bag into a dumpster, lost her balance and fell. She was treated with physical therapy, and then sought chiropractic treatment from her now treating D.C. She has been treated with active and passive rehabilitation, manipulation, and medication. She has also had numerous medical evaluations, an MRI and EMG.

Requested Service(s)

Office visits, mechanical traction, chiropractic manipulation, electrical stimulator supplies, physical performance test, massage, therapeutic activities, therapeutic exercises, neuromuscular reeducation, electrical 8/12/04 – 2/16/05

Decision

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

Rationale

The patient had an intensive course of conservative treatment with her D.C. with only minimal and temporary relief of her symptoms. The patient did show some improvement in function (strength gains), but lack of relief of her pain prevented her from returning to work to her pre-injury status.

On ___, about two years post-injury, the patient still had a VAS of 5, with pain in her left calf, right SI, right ankle, right calf, right knee, left knee and lower back. Objectively, the D.C. reported a loss of ROM in right lateral bending and extension, and muscle spasms and trigger points. On 2/14/05 the same subjective complaints persisted, and objectively she presented with a mild to moderate antalgic posture. These were the same subjective complaints that the patient had had for two years, during which treatment had failed to relieve.

The D.C.'s daily treatment notes are repetitious, showing little change in services rendered, subjective complaints and objective findings. The patient's prognosis after three to four months of treatment should have been changed to poor, as conservative treatment had failed. The MRI revealed multiple levels of degenerative disk disease, as well as disk bulging and disk protrusion at the L4-5 level. Those findings alone present a poor prognosis with conservative treatment.

An orthopedic surgeon reported on 8/11/03 that the patient needed surgery in order to relieve her symptoms. Instead another year and a half of failed treatment continued. The treatment in this dispute was inappropriate and over-utilized.

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