



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

PART I: GENERAL INFORMATION

Type of Requestor: (X) Health Care Provider () Injured Employee () Insurance Carrier	
Requestor's Name and Address: Neuroscience Centers Inc 1509 Falcon Drive Suite 106 Desoto TX 75115	MDR Tracking No.: M5-05-3261-01
	Claim No.:
	Injured Worker's Name:
Respondent's Name and Address: Ace American Insurance Box 15	Date of Injury:
	Employer's Name:
	Insurance Carrier's No.:

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

DWC-60 package. Position summary: Neuroscience Centers request an IRO be assigned to this file in order to determine the medical necessity issue.

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

DWC-60 response.

PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	CPT Code(s) or Description	Medically Necessary?	Additional Amount Due (if any)
2-11-05	95861	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$136.06
	95904 (\$188.79 x 2 studies)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$377.58
	95903	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$0.00
	TOTAL	<input type="checkbox"/> Yes <input type="checkbox"/> No	513.64

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 majority of the disputed medical necessity issues.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

28 Texas Administrative Code Sec. 133.308, 134.202

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 additional reimbursement in the amount of \$513.64.

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:

Medical Dispute Officer

11-18-05

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.



PROFESSIONAL ASSOCIATES

NOTICE OF INDEPENDENT REVIEW

NAME OF PATIENT:
IRO CASE NUMBER: M5-05-3261-01
NAME OF REQUESTOR: Neuroscience Centers, Inc.
NAME OF PROVIDER: Robert Murphy, D.C.
REVIEWED BY: Board Certified in Preventive and Occupational Medicine
Board Certified in Family Practice
IRO CERTIFICATION NO: IRO 5288
DATE OF REPORT: 10/14/05 (REVISED 11/11/05)

Dear Neuroscience Center, Inc.:

Professional Associates has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO) (#IRO5288). Texas Insurance Code Article 21.58C, effective September 1, 1997, allows a patient, in the event of a life-threatening condition or after having completed the utilization review agent's internal process, to appeal an adverse determination by requesting an independent review by an IRO.

In accordance with the requirement for TDI-Division of Workers' Compensation (DWC) to randomly assign cases to IROs, DWC has assigned your case to Professional Associates for an independent review. The reviewing physician selected has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, the reviewing physician reviewed relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal. determination, and any documentation and written information submitted in support of the appeal.

This case was reviewed by a physician reviewer who is Board Certified in the area of Preventive and Occupational Medicine and Family Practice and is currently listed on the DWC Approved Doctor List.

I am the Secretary and General Counsel of Professional Associates and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him the provider, the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for decision before referral to the Independent Review Organization.

REVIEWER REPORT

Information Provided for Review:

An evaluation with an unknown physician's assistant dated 11/12/04
A TWCC-73 form from David Logan, M.D. dated 11/12/04

Medication prescriptions from H. T. Hayes (no credentials were listed) dated 11/13/04
A TWCC-73 form from Robert E. Murphy, D.C. dated 11/16/04
Chiropractic treatment notes with Dr. Murphy, Patrick Downey, D.C., and Darren Howland, D.C. dated 11/16/04, 11/18/04, 11/22/04, 11/29/04, 12/03/04, 12/06/04, 12/08/04, 12/10/04, 12/13/04, 12/15/04, 12/20/04, 12/21/04, 12/22/04, 12/28/04, 12/29/04, 01/03/05, 01/05/05, 01/07/05, 01/17/05, 01/25/05, 02/03/05, 02/09/05, 02/16/05, 02/25/05, 03/03/05, 03/09/05, 03/18/05, 03/24/05, 03/30/05, 04/04/05, 04/11/05, 04/22/05, 04/28/05, 05/11/05, 05/20/05, 05/26/05, 06/03/05, 06/09/05, 06/15/05, 06/17/05, 06/23/05, 06/29/05, 07/08/05, 07/19/05, 07/26/05, 08/09/05, and 08/17/05
Computerized range of motion testing with Dr. Murphy dated 11/22/04, 11/29/04, 12/10/04, 12/22/04, and 02/25/05
Evaluations with Andrew B. Small, M.D. dated 12/03/04, 12/10/04, 01/07/05, 01/28/05, 02/25/05, 03/18/05, 04/22/05, 04/25/05, 07/19/05, 08/19/05, and 08/26/05
MRIs of the left shoulder, thoracic spine, and cervical spine interpreted by Albert G. Tesoriero, M.D. on 01/10/05
An EMG/NCV study interpreted by Jonathan E. Walker, M.D. dated 02/11/05
Evaluations with Steven W. Eaton, M.D. dated 03/14/05 and 08/09/05
A TWCC-73 form filed by Dr. Murphy on 03/16/05
Medication prescriptions from Dr. Small dated 03/18/05, 05/11/05, 07/21/05, 07/22/05, 08/26/05, and 09/06/05
A letter of authorization recommendation for injections from Genex dated 03/23/05
A Designated Doctor Evaluation by Uma R. Gullapalli, M.D. dated 03/24/05
A peer review dated 04/01/05 from Mark A. Doyne, M.D.
A TWCC-73 form from Dr. Downey dated 04/16/05
A request for reconsideration from Barbara Lyon at Working Rx dated 05/02/05
TWCC-73 forms from Dr. Howland dated 05/16/05 and 06/30/05
Operative reports from Dr. Eaton dated 05/20/05 and 07/20/05
A peer review dated 05/20/05 from H. Frank Schneider, D.C.
A request for reconsideration from Robert Bueker (no credentials were listed) dated 06/19/05
A letter from George Hanford at Neuroscience Centers dated 07/01/05
Another peer review from Dr. Doyne dated 08/02/05
Another peer review from Dr. Schneider dated 08/03/05

Clinical History Summarized:

Chiropractic therapy was performed with Dr. Murphy at Integra from 11/16/04 through 08/17/05 for a total of 47 sessions. A TWCC-73 form from Dr. Murphy noted the patient would be off work from 11/16/04 through 12/16/04. MRIs of the left shoulder, thoracic spine, and cervical spine on 01/10/05 and interpreted by Dr. Tesoriero were essentially normal except for small posterior disc protrusions or herniations at C5-C6 and C6-C7. An upper extremity EMG/NCV study interpreted by Dr. Walker on 02/11/05 revealed bilateral C5 and C8 radiculopathy. Another TWCC-73 form from Dr. Murphy on 03/16/05 stating the patient would remain off work through 04/16/05. On 03/23/05, Genex Services, Inc. wrote a letter of authorization recommendation for the requested injections. On 03/24/05, Dr. Gullapalli found the patient not to be at Maximum Medical Improvement (MMI). Dr. Downey also filed a TWCC-73 form on 04/16/05 keeping the patient off work through 05/16/05 while Dr. Howland kept her off work through 07/30/05. On 04/25/05, Dr. Small replied to a letter from Working RX on 04/20/05 regarding a denial for medications for 03/18/05 and he felt they were indicated for the work-related injury and should be paid appropriately. Barbara Lyon, claims specialist with Working RX, provided a request for reconsideration letter on 05/02/05 and included Dr. Small's letter from 04/25/05. Cervical facet injections on the left at C3-C7 were performed by Dr. Eaton on 05/20/05. On 06/19/05, Robert Bueker (no credentials were listed) provided a request for reconsideration of the dates of services from 11/16/04 through 04/28/05. On 07/01/05, George Hanford, Representative for Neuroscience Centers, Inc., wrote a letter of reconsideration for the EMG/NCV study on 02/11/05. Dr. Eaton performed a left C3 through C7 median branch nerve block on 07/20/05. Dr. Eaton recommended radiofrequency ablation of the median nerve branches from C3 through C6 on 08/09/05. On 08/19/05, Dr. Small recommended 20 sessions of work hardening.

Disputed Services:

A needle EMG, nerve conduction of the sensory nerves, and a nerve conduction study with an F wave study

Decision:

I partially agree with the requestor. The needle EMG study and NCV studies were reasonable and necessary; however, the F wave study was not reasonable or necessary.

Rationale/Basis for Decision:

Following the injury, some of the major complaints from the patient were neck and arm pain. The MRI had failed to document specific nerve root compression, yet it appears that the patient had symptoms in a radicular pattern. As a result, electrodiagnostic studies were accomplished on 02/11/05 by Dr. Walker. In 1994, the Agency for Healthcare Policy and Research (AHCPR) Clinical Practice Guidelines made recommendations regarding electrodiagnostic testing of patients with back pain, which suggested that electrodiagnostic testing could be useful in assessing questionable nerve root dysfunction in individuals with extremity pain that had lasted longer than four weeks. However, if the diagnosis of radiculopathy is obvious and specific on clinical examination, electrodiagnostic testing is not recommended. In this particular case however, the diagnosis would not have met that criteria. According to *The Occupational Medicine Practice Guidelines* from The American College of Occupational and Environmental Medicine, Page 178, when the neurological examination is less clear, further physiological evidence of nerve dysfunction can be obtained using electromyography and nerve conduction velocities, including H reflex tests. Interestingly, the ACEOM Guidelines suggest that testing such as electrodiagnostics should be accomplished prior to MRI studies as such imaging studies are not indicated unless there is physiologic evidence of neurological compromise. Nevertheless, during attention to this specific case, the individual did have complaints persisting over a several month period of time and a specific radicular pattern was not clear. Based upon the available evidence based clinical literature, appropriate evaluation could certainly have included electrodiagnostic testing. Therefore, I believe that a needle EMG and nerve conduction studies would have been considered reasonable and necessary. On the other hand, an F wave study would not have specifically been necessary. Neither the AHCPR data nor the recommendations from *The Occupational Medicine Practice Guidelines* indicate that F wave testing is specifically needed.

This review was conducted on the basis of medical and administrative records provided with the assumption that the material is true and correct.

This decision by the reviewing physician consulting for Professional Associates is deemed to be a Commission decision and order.

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. The decision of the Independent Review Organization is binding during the appeal process.

If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code §413.031). 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.

If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision. A request for a hearing should be faxed to 512-804-4011 or sent to:

Chief Clerk of Proceedings/Appeals Clerk
TDI-Division of Workers' Compensation
P. O. Box 17787
Austin, TX 78744

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization's decision was sent to DWC via facsimile or U.S. Postal Service on 11/11/05 from the office of Professional Associates.

Sincerely,

Lisa Christian
Secretary/General Counsel