



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: Suhail Al-Sahli, D.C. 1210A NASA ROAD 1 Houston, Texas 77058	MDR Tracking No.: M5-06-0034-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: Liberty Insurance Corporation Box 28	Date of Injury:
	Employer's Name:
	Insurance Carrier's No.:

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

DOCUMENTATION SUBMITTED: DWC-60 package, CMS 1500s and explanations of benefits
POSITION SUMMARY: Per the table of disputed services "Necessary medical treatment"

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

DOCUMENTATION SUBMITTED: Response to DWC-60 package
POSITION SUMMARY: None 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)
09-02-04 to 03-30-05	99372, 97110, 98940, 98941, 97116, 97124, 97032, 99212, 99213, 97112 and 97012	<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.

CPT codes 99213 and 98940 date of service 03-30-05 were listed on the table of disputed services. Per Rule 133.307(e)(2)(A) the Requestor did not provide copies of CMS 1500s for review as proof of billing. 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 and Rule 133.307(e)(2)(A)

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:

11-08-05

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

November 1, 2005

Re: IRO Case # M5-06-0034 -01 ___ amended 11/7/04

Texas Department of Insurance, Division of Workers' Compensation:

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 Division of 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, 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 Division of 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 the injured employee, the injured employee's employer, the insurance carrier, the utilization review agent, 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 from carrier to IRO 9/26/05
4. Review 8/8/02
5. Review 9/12/04, Dr. Morgan
6. Review 2/17/05, Dr. Fenton
7. Operative Reports 1/6/04, 4/6/04
8. Reports, including operative reports 2004, Dr. Saqer
9. CT scan report lumbar spine 7/19/05
10. Daily notes and letter, Dr. Al-Sahli
11. Physical medicine evaluation, Texas Pain Solutions
12. Electrodiagnostic report, 3/16/04
13. Operative report 4/7/03, Dr. Westmark
14. Evaluations for post-surgical therapy 10/11/04, 12/22/04, Dr. Al-Sahli
15. Operative report 2/8/05, Dr. Tomaszek

History

The patient injured his lower back in _____. He had low back surgery three times in the 1980s. Since the _____ injury he has been treated with six epidural steroid injections, a work hardening program, facet block, intradiscal steroidal injections, three sacroiliac injections, lumbar fusion and laminectomy (4/2/03), medication, physical therapy and chiropractic manipulation.

Requested Service(s)

Telephone call, therapeutic exercises, chiropractic manipulative treatment, gait training, massage therapy, electrical stimulation, office visits, neuromuscular reeducation, mechanical traction 9/2/04 – 3/30/05

Decision

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

Rationale

None of the treatment provided to this patient, including injections, conservative therapy and surgery, gave the patient any significant long-lasting relief of his symptoms. Eighteen sessions of chiropractic manipulation from 4/23/04 to 9/20/04 failed to benefit the patient. The medical records for the dates in this dispute fail to show any objective, quantifiable findings to support the treatment in this dispute. The documentation does not show any findings for range-of-motion, strength or orthopedic tests.

It appears from the records provided that the treatment in this dispute was recommended for post-injection therapy. Post-injection therapy may be beneficial to patients, but in this case all the previous post-injection therapy failed to be of any benefit. Continued use of failed conservative therapy does not establish a medical rationale for additional non-effective therapy.

The records from the treating D.C. for the dates in this dispute fails to show any objective or subjective relief of the patient's symptoms. The D.C.s daily notes repeatedly show continuing moderate to severe low back pain and reduced range of motion, and that the patient's condition worsened since the previous visit. Based on the records provided, the D.C.'s treatment was over utilized, inappropriate, not objectively measured, and failed to achieve any functional gains. In the absence of any objective or subjective benefit, the medical necessity of the reviewed services was not established.

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