



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:	MDR Tracking No.: M5-06-0075-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: Transcontinental Insurance Company Box 47	Date of Injury:
	Employer's Name:
	Insurance Carrier's No.:

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

DOCUMENTATION SUBMITTED: DWC-60 package
POSITION SUMMARY: None submitted by Requestor

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

DOCUMENTATION SUBMITTED: Response to DWC-60 and explanations of benefits
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)
05-24-04 to 03-03-05	Hydrocodone	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$835.85

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.

Per Rule 133.308(e)(1) dates of service 01-03-04 through 03-23-04 were not timely filed and will not be a part of the review.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

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 \$835.85. The Division hereby **ORDERS** the insurance carrier to remit this amount due at the time of payment to the Requestor within 30 days of receipt of this Order.

Ordered by:

11-08-05

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.

November 3, 2005

ATTN: Program Administrator
Texas Department of Insurance/Workers Compensation Division
7551 Metro Center Drive, Suite 100
Austin, TX 78744
Delivered by fax: 512.804.4868

Notice of Determination

MDR TRACKING NUMBER: M5-06-0075-01
RE: Independent review for ____

The independent review for the patient named above has been completed.

- Parker Healthcare Management received notification of independent review on 9.26.05.
- Faxed request for provider records made on 9.26.05.
- The case was assigned to a reviewer on 10.14.05.
- The reviewer rendered a determination on 11.01.05.
- The Notice of Determination was sent on 11.03.05.

The findings of the independent review are as follows:

Questions for Review

Medical necessity of the prescriptions for Hydrocodone from 5.24.04-3.3.05

Determination

PHMO, Inc. has performed an independent review of the proposed care to determine if the adverse determination was appropriate. After review of all medical records received from both parties involved, the PHMO, Inc. physician reviewer has determined to **overturn the denial** on the requested service(s).

Summary of Clinical History

Mr. ____ sustained a work related injury on ____, while employed with ____ . He was standing on a steel drum when it shifted, causing him to fall. He spread his legs wide, injuring his lower back. He has not been able to return to work since the injury. He has been diagnosed with lumbar spondylolisthesis and degenerative spine disease. He has received extensive chiropractic care as well as medical management. He has been evaluated by Dr. Charles George, an orthopedic surgeon on several occasions for RME and IME situations.

His pain complains include the entire back and left groin region. An MRI reveals a spondylosis of the L5 vertebral body and grade 1 spondylolisthesis and diffuse disc bulge at L4-5. Dr. Charles George has evaluated the claimant on several occasions. Once in February of 2001, and the most recent evaluation provided as his designated physician was on June 29, 2005. On that particular visit, he concluded a comprehensive history and physical, indicating that he did have a recent CT scan in April of 2004. Dr. Charles Scott was the treating physician. He is taking Hydrocodone and muscle relaxers. The claimant states that the symptoms have worsened and complains of pain in his whole back and down into his leg and that the medication helps relieve the pain.

A physical examination of the back indicates range of motion of forward flexion of 12 inches of fingertips to the ground with complaints of low back pain. The diagnosis was chronic low back pain secondary to spondylolisthesis of L5-S1 and degenerative lumbar disc disease.

The conclusion in RME done on June 29, 2005 was that he should be weaned off the Hydrocodone gradually and discontinue in the next 3-4 months. He feels that he should only take Hydrocodone if the symptoms worsen or become more severe in his final recommendations for treatment.

Clinical Rationale

The patient has acute work injuries and has received continuous treatment for this since the injury occurred. While his structural injury appears to be a sprain strain on top of a pre-existing degenerative disease with findings consistent with spondylolisthesis, an RME physician Dr. George saw him on June 29, 2005 and felt that medications were appropriate for at least 3-4 months after that date and indicated that the patient should be gradually weaned.

The difficulty with this case is not whether Hydrocodone is appropriate, because the medical records and his history reflect that Hydrocodone may be appropriate for pain control as is documented in the RME reports. The problem is whether or not his pain is due to the injury that occurred in the work environment in November of 1999 or whether this is an ongoing disease of life issues regarding the spondylolisthesis. I would tend to agree with the RME physician, Dr. Charles George that at some point the treatment with Hydrocodone will no longer be considered necessary or relatable to the injury. If his symptoms aggravate, he will be back on it. Since he saw him on June 29, 2005 and he felt that at that point in time, the medications were appropriate as a result of the injury, I will have to conclude that the medications were appropriate as a result of the injury and not due to the underlying degenerative disorder.

Clinical Criteria, Utilization Guidelines or other material referenced

This conclusion is supported by the reviewers' clinical experience with over 10 years of patient care.

The reviewer for this case is a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Physical medicine and Rehabilitation, and is engaged in the full time practice of medicine.

The review was performed in accordance with Texas Insurance Code 21.58C and the rules of Texas Department of Insurance /Division of Workers' Compensation. In accordance with the act and the rules, the review is listed on the DWC's list of approved providers or has a temporary exemption. The review includes the determination and the clinical rationale to support the determination. Specific utilization review criteria or other treatment guidelines used in this review are referenced.

The reviewer signed a certification attesting that no known conflicts-of-interest exist between the reviewer and the treating and/or referring 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 IRO.

The reviewer also attests that the review was performed without any bias for or against the patient, carrier, or other parties associated with this case.

Your Right To Appeal

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. The address for the Chief Clerk of Proceedings would be: P.O. Box 17787, Austin, Texas, 78744.

I hereby verify that a copy of this Findings and Decision was faxed to Texas Department of Insurance /Division of Workers Compensation applicable to Commission Rule 102.5 this 3rd day of November, 2005. The Division of Workers Compensation will forward the determination to all parties involved in the case including the requestor, respondent and the injured worker.

Meredith Thomas
Administrator
Parker Healthcare Management Organization, Inc.