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:	MDR Tracking No.: M5-06-0340-01
David M Griffith DC **30525 Quinn Road #A** **Tomball TX 77375**	Claim No.:
	Injured Worker's Name:
Respondent's Name and Address:	Date of Injury:
Zenith Insurance Co Box 47	Employer's Name:
	Insurance Carrier's No.:

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

DWC-60 package. Position summary: Treatment has been reasonable, necessary and beneficial.

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Response to DWC-60 package.

PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	CPT Code(s) or Description	Medically Necessary?	Additional Amount Due (if any)
1-12-05 to 2-7-05	97032, 97110, 97140, 97035, 99212, 99213	☒ Yes ☐ No	$774.88
1-12-05 to 4-29-05	97112	☐ Yes ☒ No	$0.00
2-8-05 to 4-29-05	97140, 99212, 99213, 97110, 97035, 97032, 99080-73	☐ Yes ☒ 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 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

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 of $774.88 for the services involved in this dispute and is not entitled to a refund of the paid IRO fee.

Findings and Decision by:

	Medical Dispute Officer	12-22-05
Authorized Signature	Typed Name	Date

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.

IRO Medical Dispute Resolution M5 Retrospective Medical Necessity
IRO Decision Notification Letter

Date:	**12/14/2005**
Injured Employee:	
MDR #:	**M5-06-0340-01**
DWC #:	
MCMC Certification #:	**TDI IRO-5294**

REQUESTED SERVICES:
Please review the item(s) in dispute: Therapeutic exercises-97110, neuromuscular re-education-97112, manual therapy technique-97140, electrical stimulation-97032, ultrasound-97035, office visits-99212/99213.

Dates of Service: 01/12/2005-04/29/2005

DECISION: PARTIAL

IRO MCMC llc (MCMC) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO) to render a recommendation regarding the medical necessity of the above disputed service.

Please be advised that a MCMC Physician Advisor has determined that your request for an M5 Retrospective Medical Dispute Resolution on 12/14/2005, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The medical necessity of the treatment entities listed above from 01/12/2005 through 02/07/2005 is established with the following exceptions: The medical necessity for office visits 99212/99213 is established for dates of service 01/12/2005 and 02/07/2005 only. The medical necessity for neuromuscular reeducation-97112 is not established for any dates of service listed above. The medical necessity for the remaining treatment entities for dates of service from 02/08/2005 and following is not established.

CLINICAL HISTORY:
Records indicate that the injured individual, a 21 year old female, sustained injuries as a result of an occupational incident that allegedly occurred on or about . __ . The history reveals that the above captioned individual slipped and fell injuring her tailbone and back. The injured individual was apparently evaluated by her personal physician on or about 12/01/2004 and was told that she had fractured her coccyx. On 12/06/2004, she presented to the company doctor, was evaluated, treated with medication management and returned to modified duties. She was apparently unhappy with her care there and changed treating doctors to the current attending physician (AP) and presented to him on 01/12/2005 and chiropractic management ensued. She was treated with passive as well as active care and consultative referrals were procured mainly for medication management. X-rays dated 02/01/2005 did not confirm the presence of a coccygeal fracture. MRI examination dated 02/01/2005 revealed a mild bulge at L5/S1 with no overt indications of mass effect. Lower extremity electrodiagnostic examination dated 02/18/2005 was apparently within normal limits.

REFERENCES:
References utilized in this review include but are not limited to the ACEOM Guidelines, Health Care Guidelines by Milliman and Robertson Volume 7, North American Spine Society Guidelines, Texas Medical Fee Guidelines and Procedural Utilization Guidelines.

RATIONALE:
The injured individual presented to the office of the AP on 01/12/2005. Although the injured individual had previously attended prior care under a different provider, it is not evident that the injured individual had attended any chiropractic management or had been administered chiropractic treatment as of that date. Consistent with standards of care and practice within the chiropractic profession, a trial of chiropractic management would be appropriate. The injured individual would be an appropriate candidate for a trial of care based upon the mechanism of injury as well as the presenting symptomatology. A typical trial of care would be two to four (2-4) weeks. The follow-up examination and information contained in the associated report fails to quantify any substantial clinical improvement, as well as objective or subjective progress. In fact the injured individual exhibited increasing objective signs and symptoms including worsening straight leg raises from an initial 58 degrees, to an interim 45 degrees and finally a recorded 30 degrees on 02/07/2005. Given the deterioration of objective symptomatology and the lack of evidence of clinical improvement over the initial trial of care, the medical necessity for continued care at that juncture is not established. Furthermore, the injured individual apparently exhibited increasing neurological involvement evidenced by deterioration of lower extremity reflexes. The injured individual should have been appropriately referred with a discontinuation of current treatment.

In regards to the office visits, the medical necessity of formal office visits during each and every visit is not established and not supported in the documentation. Consistent with standards of care and/or practice, the dates of service listed above should have been more than adequate to properly and fully assess the injured individual and make appropriate clinical decisions.

In regards to neuromuscular reeducation, the documentation does not establish that there were any neurological or balance/coordination issues that would necessitate this particular treatment entity. Therefore the medical necessity of this particular procedure during the dates of service in question is not established.

RECORDS REVIEWED:
- Notification of IRO Assignment dated 11/02/05
- MR-117 dated 11/02/05
- MR-116 dated 11/02/05
- DWC-60
- DWC-73: Work Status Reports dated 04/29/05, 04/18/05, 04/05/05, 01/24/05, 01/12/05
- DWC-69: Report of Medical Evaluations dated 09/13/05 and one signed 04/20/05
- WC-53: Employee's Request to Change Treating Doctors dated 01/05/05
- MCMC: IRO Medical Dispute Resolution M5 Retrospective Medical Necessity dated 11/15/05
- MCMC: IRO Medical Dispute Resolution M5 Retrospective dated 11/03/05
- Churchill Evaluation Centers: Letter dated 09/13/05
- Churchill Evaluation Centers: Report of Medical Evaluation dated 09/13/05 from Jeremias Abueme, M.D. with attached Review of Medical History, Physical Examination, Impairment Rating Calculation and Detail
- Luis Bieler, M.D.: Follow Up Examinations dated 08/04/05, 04/07/05
- St. Mary's Behavioral Pain Mgmt: Continuation of Individual Therapy dated 06/14/05 from Jaime Ganc, M.D.
- Pain and Recovery Clinic of San Antonio: Letter of Medical Necessity/Case Summary dated 06/07/05 from David Griffith, D.C.
- William R. Culver, M.D.: Report dated 05/24/05 (first page only)
- St. Mary's Behavioral Pain Mgmt: Psychiatric Evaluation dated 04/19/05 from Jaime Ganc, M.D.
- Sadi/Pain Management Center: Pain Management Follow Up Visit note dated 04/19/05 from Berney Keszler, M.D.
- Pain and Recovery Clinic of San Antonio: Report dated 04/18/05, 04/05/05, 03/14/05, 03/07/05, 02/14/05 from David Griffith, D.C.
- Sadi/Pain Management Center: Pain Management Procedure Note dated 04/06/05 from Berney Keszler, M.D.

- Churchill Evaluation Centers: Report of Medical Evaluation dated 03/31/05 from Jeremias Abueme, M.D. with attached Review of Medical History, Physical Examination
- Forte: Physician Bill Review Findings dated 03/21/05, 03/08/05
- Sadi/Pain Management Center: Pain Management Consultation dated 03/09/05 from Chrystie Toyer, P.A.
- Claims Eval: Report dated 02/27/05 from R. Michael Hamby, D.C.
- Trek MD: Electrodiagnostic Study dated 02/18/05
- Luis Bieler, M.D.: Initial Examination dated 02/03/05
- Southwest Diagnostic: MRI lumbar spine, L-spine, left hip, sacrum and coccygeal radiographs dated 02/01/05
- Zenith Insurance Company: Explanation of Payments for services incurred 01/31/05 through 04/29/05
- Pain and Recovery Clinic of San Antonio: Extent of Injury dated 01/26/05 from David Griffith, D.C.
- Pain and Recovery Clinic of San Antonio: Initial Evaluation dated 01/12/05 from David Griffith, D.C.
- Pain and Recovery Clinic of San Antonio: Daily Progress Notes dated 01/12/05 through 04/25/05 from David Griffith, D.C.
- Pain and Recovery Clinic of San Antonio: Undated Request for MDR from David Griffith, D.C.
- Pain and Recovery Clinic of San Antonio: Undated Request for Clarification from David Griffith, D.C.

The reviewing provider is a Licensed/Boarded Chiropractor and certifies that no known conflict of interest exists between the reviewing Chiropractor and 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 prior to referral to the IRO. The reviewing physician is on DWC's Approved Doctor List.

This decision by MCMC is deemed to be a Division decision and order (133.308(p) (5).

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.

In accordance with Division rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent via facsimile to the office of DWC on this

__14th day of December 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee:_____

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