



## MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

### Retrospective Medical Necessity Dispute

#### PART I: GENERAL INFORMATION

<b>Type of Requestor:</b> ( X ) Health Care Provider ( ) Injured Employee ( ) Insurance Carrier	
Requestor's Name and Address: Main Rehab & Diagnostic 3710 Rawlins Suite 1400 Dallas, Texas 75219	MDR Tracking No.: M5-06-0570-01 (former MDR#) M4-04-A209-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: Liberty Mutual Rep Box # 28	Date of Injury:
	Employer's Name:
	Insurance Carrier's No.: 949759197

#### PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

DOCUMENTATION SUBMITTED: DWC-60 dispute package  
POSITION SUMMARY: Per the Table of Disputed Services "Necessary Medical Service".

#### PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

DOCUMENTATION SUBMITTED: Response to DWC-60  
POSITION SUMMARY: None submitted

#### PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	CPT Code(s) or Description	Medically Necessary?	Additional Amount Due (if any)
08-26-03 to 10-21-03	99212, 99213, 97140, 97110, 95831, 95851 and 97112	<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 submitted a revised Table of Disputed Services via fax on 04-20-06 which was used for 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 additional reimbursement for the services involved in this dispute and is not entitled to a refund of the paid IRO fee.

Findings and Decision by:

06-19-06

Authorized Signature

Typed Name

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.**

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

<b>Date:</b>	<b>05/24/2006</b>
<b>Injured Employee:</b>	
<b>MDR #:</b>	<b>M5-06-0570-01</b>
<b>DWC #:</b>	
<b>MCMC Certification #:</b>	<b>TDI IRO-5294</b>

**REQUESTED SERVICES:**

Please review the item(s) in dispute: 99212, 99213-office visit, 97140-manual therapy technique, 97110-therapeutic exercises, 95831, 95851-muscle testing, 97112-re-education denied for medical necessity. A sampling of EOB-s is being sent.

Date of services (DOS): 08/26/2003-10/21/2003

**DECISION: Upheld**

IRO MCMCIIc (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 05/24/2006, concerning the medical necessity of the above referenced requested service, hereby finds the following:**

The medical necessity for the course of care captioned above is not established for dates of service 08/26/2003 through 10/21/2003.

**CLINICAL HISTORY:**

Records indicate that the above captioned individual sustained an alleged work related injury which reportedly occurred on 07/16/2003. The history reveals that he was struck on the back by a tool and fell causing an injury to the low back. The injured individual presented to an emergency facility on 07/17/2003 for examination and treatment. The injured individual then presented to the office of the attending physician (AP) on 08/07/2003 complaining of pain in the low back and lower extremities. A course of chiropractic care ensued to include passive and active modalities. Referral treatment also included medication management and injections. An MRI of the lumbar spine revealed congenital narrowing of the canal and a 4mm bulge at L5/S1 with apparent effacement bilaterally. A functional capacity examination (FCE) dated 08/25/2003 revealed normal ranges of motion and submaximal effort. A protracted course of care continued with no apparent progressive subjective relief.

**REFERENCES:**

- 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 documentation does not demonstrate through comparative subjective and objective information that therapeutic gain was accomplished through the initial course of care. The above captioned individual sustained a work-related incident that allegedly occurred on 07/16/2003. Other than one emergency treatment encounter dated 07/17/2003, it is not clear what course of care transpired from the date of injury until presenting to the office of the attending physician (AP) on 08/07/2003 with low back pain and radiating symptoms to the lower extremities. An initial examination was performed on 08/07/2003 which revealed that ranges of motion were "decreased", neurologic testing within normal limits, positive orthopedic testing, and normal x-ray findings. There are no subsequent follow-up examinations to demonstrate through comparative subjective and objective data that the injured individual was positively benefiting from the ongoing course of care. Other than indications that the frequency of pain had slightly decreased, there is no quantifiable, comparative data to demonstrate that the injured individual was demonstrating significant progress and that any additional participation in the ongoing chiropractic course of care was warranted.

Additionally, there is information within the documentation that the injured individual underwent a functional capacity examination (FCE) on 08/25/2003 and demonstrated full ranges of motion in the low back. There is additional information to suggest that the injured individual demonstrated submaximal effort during the FCE.

Given the lack of demonstrable progress through comparative examinations and/or information within the daily medical records, and given the demonstration of full ranges of motion and equivocal effort during the FCE dated 08/25/2003, the medical necessity for the course of care listed above is not established.

**RECORDS REVIEWED:**

- Notification of IRO Assignment dated 04/17/06
- MR-117 dated 04/17/06
- DWC-60
- DWC-69: Report of Medical Evaluation dated 05/03/04
- DWC: Work Status Reports dated 08/08/03 through 04/01/04
- MCMC: IRO Medical Dispute Resolution Retrospective Medical Necessity dated 04/26/06
- MCMC: IRO Acknowledgment and Invoice Notification Letter dated 04/18/06
- Liberty Mutual: Letter dated 05/01/06 from Carol Crewey, Medical Dispute Dept.
- Liberty Mutual: Explanation of Benefits dated 04/08/06 and 03/28/06
- Texas Department of Insurance: Memorandum dated 03/08/06 from Donna Auby
- Gary D. Marin, D.C.: Letter dated 04/30/04
- Main Rehab Diagnostic Center: Functional Abilities Evaluations dated 04/26/04, 04/21/04, 07/18/03

- Advanced Imaging: Operative Reports dated 04/15/04, 03/25/04, 02/26/04 from George Farhat, M.D.
- Advanced Imaging: Follow-Up Reports dated 04/08/04, 03/11/04 from George Farhat, M.D.
- Advanced Imaging, Inc.: Initial Consultation dated 02/09/04 from George Farhat, M.D.
- Texas Bone & Joint Center: Orthopedic Physical Exams dated 02/04/04, 12/17/03 from Deepak Chavda, M.D.
- WH Group Psychotherapy/Behavioral/Vocation note dated 10/24/03 from Robin Pritz, M.A.
- Karl D. Erwin, M.D.: Addendum dated 10/23/03
- Deepak Chavda, M.D.: Statement dated 10/06/03
- Charles E. Willis, II, M.D.: Procedure Note dated 09/29/03
- Texas Bone & Joint Center: Recovery Room Records dated 09/29/03, 09/15/03
- Texas Bone and Joint Center: Statements dated 09/29/03 and 09/15/03
- Karl D. Erwin, M.D.: Letter dated 08/25/03
- Advanced Imaging: MRI lumbar spine dated 08/19/03, MRI cervical spine dated 08/12/03
- Main Rehabilitation & Diagnostic Center: Chart notes dated 08/07/03 through 05/03/04
- Ocu-Care Medical Centers: Initial Injury Encounter Form dated 07/17/03 (handwritten)

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

\_\_\_\_24<sup>th</sup>\_\_\_\_ day of \_\_\_\_\_MAY\_\_\_\_\_ 2006.

Signature of IRO Employee: \_\_\_\_\_

Printed Name of IRO Employee: \_\_\_\_\_

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