



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.: M5-06-0663-01
Texas Imaging & Diagnostic Center 3840 W NW Hwy # 400 Dallas TX 75220	Claim No.:
	Injured Worker's Name:
Respondent's Name and Address:	Date of Injury:
	Employer's Name:
	Insurance Carrier's No.:
Truck Insurance Exchange Box 14	

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

DWC-60 package. Position summary: The doctor ordered the procedure due to the patient's medical condition resulting from his on-the-job injury; therefore, reimbursement should be made per the fee guidelines.

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Response to DWC-60 package. Position summary: The requestor must establish that the disputed treatment was medically necessary to treat the compensable injury. The services in dispute were not medically necessary to treat the compensable injury.

PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	CPT Code(s) or Description	Medically Necessary?	Additional Amount Due (if any)
7-22-05	72126, 72240, 76005, 62284, 99499, 76375	<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.

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 reimbursement 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

2-14-06

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.



PROFESSIONAL ASSOCIATES

NOTICE OF INDEPENDENT REVIEW

NAME OF PATIENT: _____
IRO CASE NUMBER: M5-06-0663-01
NAME OF REQUESTOR: Texas Imaging & Diagnostic Center
NAME OF PROVIDER: Pedro Nosnik, M.D.
REVIEWED BY: Board Certified in Orthopedic Surgery
IRO CERTIFICATION NO: IRO 5288
DATE OF REPORT: 01/31/06

Dear Texas Imaging & Diagnostic Center:

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 Orthopedic Surgery 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 G. Emory Warren, M.D. dated 04/21/99

A physical therapy evaluation with Delicra Cuevas, P.T. on 04/21/99

Physical therapy with an unknown therapist (the signature was illegible) dated 04/28/99, 04/29/99, 04/30/99, 05/03/99, 05/04/99, and 05/05/99

An MRI of the cervical spine interpreted by Harry Feurberg, M.D. dated 05/27/99

An evaluation with Samuel M. Bierner, M.D. dated 06/17/99

Evaluations with Robert W. Gerein, D.C. dated 08/19/99, 10/17/99, 10/27/99, 12/21/99, 02/16/00, 06/12/00, 07/10/00, 01/24/02, 02/01/02, and 02/13/02

Evaluations with Pedro Nosnik, M.D. dated 08/24/99, 01/19/00, 02/02/00, 06/21/00, 07/12/00, 10/04/04, 10/18/04, 11/15/04, 01/05/05, 02/23/05, 03/23/05, 05/09/05, and 06/13/05
Evaluations with Paul A. Vaughan, M.D. dated 10/07/99, 05/01/02, and 01/20/05
Chiropractic treatment with Dr. Gerein dated 12/21/99, 12/30/99, 12/31/99, 01/03/00, 01/05/00, 01/07/00, 01/10/00, 01/18/00, 01/20/00, 01/28/00, 02/02/00, 02/11/00, 02/28/00, 03/03/00, 06/12/00, 06/14/00, 06/19/00, and 06/21/00
An MRI of the left shoulder interpreted by Pratul M. Patel, M.D. dated 02/22/00
Evaluations with F.L. Tompkins, M.D. dated 03/10/00 and 05/03/00
An evaluation with Bruce R. Beavers, M.D. dated 06/08/00
A cervical myelogram CT scan interpreted by Philip P. Shalen, M.D. dated 08/08/00
A letter of medical necessity from Dr. Vaughan dated 09/08/00
A Designated Doctor Evaluation with Viki S. Seelig, D.C. dated 11/16/01
Evaluations with Richard S. Levy, M.D. dated 12/14/01, 01/24/02, 02/26/02, 04/12/02, 05/14/02, 06/25/02, 08/30/02, 10/29/02, and 01/20/04
An MRI of the left shoulder interpreted by David Klamer, M.D. dated 12/18/01
A TWCC-73 form filed by Dr. Gerein dated 01/24/02
Evaluations with Troy Van Biezen, D.C. dated 02/01/02 and 02/13/02
Letters of preauthorization request from Dr. Van Biezen dated 02/13/02 and 03/20/02
Chiropractic therapy with Dr. Van Biezen dated 02/22/02, 03/05/02, 03/06/02, 03/08/02, 03/19/02, 03/20/02, 03/21/02, 01/21/04, 01/22/04, and 05/12/05

TWCC-73 forms filed by Dr. Van Biezen dated 02/26/02, 03/29/02, 06/25/02, and 12/03/02
Evaluations with Melvin R. Manning, M.D. dated 06/12/02, 07/08/02, 07/24/02, 08/12/02, and 09/04/02
Operative reports from Dr. Manning dated 07/16/02, 08/02/02, and 08/23/02
A letter from Robert Rosenzweig, M.D. at Zurich dated 10/09/02
A letter of reconsideration from Dr. Van Biezen dated 11/13/02
A cervical discogram interpreted by Johnny Lee White, Jr., M.D. dated 12/20/02
An evaluation with John C. Milani, M.D. dated 01/29/03
Designated Doctor Evaluations with Jack Kern, M.D. dated 01/14/04 and 04/06/04
A Required Medical Evaluation (RME) with Charles Eugene Graham, M.D. dated 01/15/04
An evaluation with Robert Watson, M.D. dated 05/14/04
Addendum reports from Dr. Kern on 08/12/04 and 10/19/04
An MRI of the cervical spine interpreted by Margaret A. Hollar, D.O. dated 11/03/04
An evaluation with Benjamin J. Cunningham, M.D. dated 12/14/04
A behavioral evaluation with Lieu Nguyen Vuong, Ph.D. and Patricia McBride-Houtz, Ph.D. dated 03/01/05
A Functional Capacity Evaluation (FCE) with Karl D. Erwin, M.D. dated 04/22/05
An RME with Frank Swords, D.O. dated 04/22/05
A letter written "To Whom It May Concern" from Dr. Nosnik on 05/06/05
A letter of denial from Intracorp dated 05/18/05
A letter of causation written by Dr. Van Biezen dated 06/20/05
A psychological evaluation with Andrew Brylowski, M.D. dated 07/07/05
A cervical myelogram CT scan interpreted by Michael I. Ginsburg, M.D. dated 07/22/05
A Decision and Order letter from the Texas Department of Insurance dated 09/19/05
A letter from H. Douglas Pruett at Stone Loughlin & Swanson, L.L.P. dated 01/06/06

Clinical History Summarized:

Physical therapy was performed with an unknown therapist from 04/28/99 through 05/05/99 for a total of six sessions. An MRI of the cervical spine interpreted by Dr. Feurberg on 05/27/99 revealed only reversal of the normal lordosis from C3 through C6. On 06/17/99, Dr. Bierner recommended further therapy, Ibuprofen, and continued regular work duty. On 08/24/99, Dr. Nosnik recommended Relafen, Darvocet, and an MRI of the shoulder, along with a possible CT myelogram. Chiropractic treatment was performed with Dr. Gerein from 12/21/99 through 06/21/00 for a total of 18 sessions. An MRI of the left shoulder interpreted by Dr. Patel on 02/22/00 showed mild tendinosis of the mid to distal aspect of the supraspinatus tendon. Dr. Tompkins performed a left shoulder injection on 03/10/00. An EMG/NCV study interpreted by Dr. Nosnik on 07/12/00 revealed acute and chronic C5-C6 radicular changes on the left upper extremity. A cervical myelogram CT scan interpreted by Dr. Shalen on 08/08/00

revealed a 1 to 2 mm. diffuse annular bulge at C5-C6 and focal thickening of the posterior longitudinal ligament at C2-C3. On 09/08/00, Dr. Vaughan recommended cervical facet injections. On 11/16/01, Dr. Seelig felt the patient was not at Maximum Medical Improvement (MMI). An MRI of the left shoulder interpreted by Dr. Klamer on 12/18/01 revealed moderate tendinosis, a large os acromiale, mild narrowing of the supraspinatus outlet, and mild edema with a small amount of fluid in the subdeltoid bursa. Chiropractic therapy was performed with Dr. Van Biezen from 02/22/02 through 05/12/05 for a total of 10 sessions. On 04/12/02, Dr. Levy noted the patient was going to be evaluated by a cervical spine specialist. Dr. Vaughan recommended a cervical discogram on 05/01/02. Dr. Manning performed cervical selective nerve root blocks on 07/16/02, 08/02/02, and 08/23/02. Dr. Rosenzweig wrote a letter of denial for a cervical discogram CT scan on 10/09/02 and Dr. Van Biezen wrote a letter of reconsideration on 11/13/02. A cervical CT discogram interpreted by Dr. White on 12/20/02 revealed only mild pain at C4-C5 and C5-C6. Dr. Kern felt the patient was not at MMI as of 01/14/04. He recommended postoperative rehabilitation for a recent left shoulder surgery on 12/03/03. On 01/20/04, Dr. Levy recommended a possible epidural steroid injection (ESI). On 04/06/04, Dr. Kern felt the patient was at MMI with a 4% whole person impairment rating. Dr. Nosnik recommended an EMG/NCV study of the left upper extremity, a cervical MRI, Zanaflex, and Ultracet on 10/04/04. An EMG/NCV study interpreted by Dr. Nosnik on 10/18/04 revealed mild chronic C5-C6 radicular changes on the left. An MRI of the cervical spine interpreted by Dr. Hollar on 11/03/04 revealed mild generalized disc bulging from C3 through C7 and a tiny central disc protrusion at C2-C3. On 01/05/05, Dr. Nosnik recommended a series of cervical ESIs and a pain program. On 01/20/05, Dr. Vaughan recommended a cervical myelogram CT scan. An FCE on 04/22/05 with Dr. Erwin determined the patient could function in the medium physical demand level. On 04/22/05, Dr. Swords recommended a series of ESIs and continued physical therapy. On 05/18/05, Intracorp provided a letter of denial for the cervical ESIs. A cervical myelogram CT scan interpreted by Dr. Ginsburg on 07/22/05 showed minimal disc bulges and protrusions only.

Disputed Services:

A CAT scan, myelography, localization, injection, an unlisted procedure, and tomography on 07/22/05.

Decision:

I disagree with the requestor. The CAT scan, myelography, localization, injection, an unlisted procedure, and tomography on 07/22/05 were neither reasonable nor necessary.

Rationale/Basis for Decision:

The myelogram in question was performed on 07/22/05. There was a prior cervical MRI on 11/03/04, which showed minimal generalized disc bulging, no spinal stenosis, cord compression, or foraminal narrowing. In the presence of a relatively normal MRI, the chances of the CT myelogram demonstrating any pathology would be less than 2%. In other words, the myelogram was unnecessary irregardless of whether it revealed compensable or non-compensable pathology. Given the degenerative changes noted on the prior MRI, there was no medical need to repeat the myelogram.

The rationale for the opinions stated in this report are based on clinical experience and standards of care in the area as well as broadly accepted literature which includes numerous textbooks, professional journals, nationally recognized treatment guidelines and peer consensus.

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 Division 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 01/31/06 from the office of Professional Associates.

Sincerely,

Lisa Christian
Secretary/General Counsel