



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:

**Richard Taylor  
1920 South Loop 256  
Palestine TX 75801**

MDR Tracking No.: M5-06-0807-01

Claim No.:

Injured Worker's Name:

Respondent's Name and Address:

**Box 45**

Date of Injury:

Employer's Name:

Insurance Carrier's No.:

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

DWC-60 package. Position Summary: A procedure that has a level 1 CPT code cannot be considered as experimental.

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

Response to DWC-60 package. Position Summary: The Office will maintain its denial for these dates of service for ANSI code 50 and U-unnecessary (w/o peer review) in accordance with Medicare's coverage policies, VAX-D treatment is not covered as there is insufficient scientific data to support the benefits of this technique.

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

Date(s) of Service	CPT Code(s) or Description	Medically Necessary?	Additional Amount Due (if any)
12-27-04 to 2-7-05	97110	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$235.82
	97012, 97032, 97035	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$0.00
	Total		\$235.82

#### 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.

DOS 12-9-04 to 12-20-04 are untimely and ineligible for review per Rule 133.308.

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 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 additional reimbursement in the amount of \$235.82. The Division hereby **ORDERS** the insurance carrier to remit this amount plus all accrued interest due at the time of payment to the Requestor within 30 days of receipt of this Order. The Division has determined that the requestor is not entitled to a refund of the paid IRO fee.

Ordered by:

Medical Dispute Officer

2-17-06

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Typed Name

\_\_\_\_\_  
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.**

# MATUTECH, INC.

PO Box 310069

New Braunfels, TX 78131

Phone: 800-929-9078

Fax: 800-570-9544

---

February 13, 2006

Texas Department of Insurance  
Medical Dispute Resolution  
Fax: (512) 804-4871

Re: Medical Dispute Resolution  
MDR#: M5-06-0807-01  
TWCC#: \_\_\_\_\_  
Injured Employee: \_\_\_\_\_  
DOI: \_\_\_\_\_  
SS#: \_\_\_\_\_  
IRO Certificate No: IRO5317

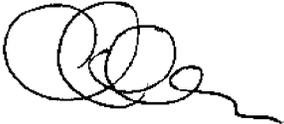
Dear Ms. Torres:

Matutech, Inc. has performed an Independent review of the medical records of the above-named case to determine medical necessity. In performing this review, Matutech reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

Matutech certifies that the reviewing healthcare professional 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.

Information and medical records pertinent to this medical dispute were requested from Richard Taylor, M.D. The Independent review was performed by a matched peer with the treating health care provider. This case was reviewed by the physician who is licensed in Physical Medicine and Rehabilitation, and is currently on the TWCC Approved Doctor list.

Sincerely,



John Kasperbauer  
Matutech, Inc.

## REVIEWER'S REPORT

### Information provided for review:

TWCC-60, Table of Disputed Services, EOB's

### Information provided by Requestor:

Office notes 11/03/04-01/04/06

Physical therapy notes 11/05/04-03/08/05

Electrodiagnostic studies 12/02/05

Radiology reports 11/03/04

### Information provided by Respondent:

Correspondence & summary of position 01/13/06

Designated doctor exam 02/24/05

**Clinical History:** This patient is a 48-year-old female, who on \_\_\_ suffered a back injury while getting into the ambulance. History review at that time showed that three years ago she had similar symptoms status post a fall, but those symptoms had totally resolved. Now, she was diagnosed with low back pain, acute sciatica, and acute myofascial strain. Electromyography/nerve conduction velocity (EMG/NCV) studies revealed bilateral sensory motor polyneuropathy in the lower extremities. Needle EMG studies performed by Mark Race, M.D. revealed probable left S1 radiculitis. A magnetic resonance imaging (MRI) revealed a minimal posterior bulge at L5-S1. Robert Byrnes, D.O. and Richard Taylor, D.O., administered paravertebral lumbar blocks, lumbar epidural steroid injections, and bilateral sacroiliac injections. Ms. Reeves was put on a trial of various medications like Naprosyn, Ultracet, Flexeril, Lortab, Soma, trazodone, Talwin, Parafon Forte, Elavil, Ultram and Robaxin. From November 5, 2004 through November 17, 2004, she attended five physical medicine sessions consisting of electrical stimulation, therapeutic activities, and McKenzie exercises. From December 6, 2004, through March 8, 2005, she attended 20 vertebral axial decompression (DRX) sessions. From December 9, 2004, through February 7, 2005, she again attended ten physical therapy sessions with mechanical traction, therapeutic exercises, ultrasound and electrical stimulation. Michael Hanley, M.D. diagnosed lumbar syndrome with some residual abnormalities. He assessed maximum medical improvement (MMI) as of February 23, 2005 and assigned whole person impairment (WPI) rating of 5%. Dr. Taylor assessed MMI as of March 7, 2005 and assigned WPI of 10%.

**Disputed Services:** Were mechanical traction (97012), electrical stimulation (97032), therapeutic exercises (97110), and ultrasound (97035) from December 27, 2004, through February 7, 2005 medically necessary?

**Decision:** Based on the medical records and procedures performed specifically SI injections on December 21, 2005 and January 04, 2005 therapy including 97110 six units, 97032 five units, 97012 six units and 97035 one unit performed between 12/27/04 to 02/07/05 were reasonable.

**In conclusion, it is my opinion that the decision should be modified to allow six units of 97110 and 97012, five units of 97032 and one unit of 97035.**

**Rationale:** Several studies including Spine 2002; 27 support therapy to increase mobilization post injection. It is also my opinion, that up to three units of active therapy and three units of one to two passive modalities post injection are reasonable for a total of six as discussed above.

---

The physician providing this review is a medical doctor. The reviewer is national board certified in Physical Medicine and Rehabilitation. The reviewer is a member of American Academy of Physical Medicine and Rehabilitation and American Academy of Disability Evaluating Physicians. The reviewer has been in active practice for twenty-two years.

Matutech is forwarding this decision by mail and in the case of time sensitive matters by facsimile. A copy of this finding to the provider of records, payer and/or URA, patient and the Texas Department of Insurance.

Matutech retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by Matutech clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the Utilization Review Accreditation Commission (URAC), and/or other state and federal regulatory requirements.

The written opinions provided by Matutech represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to Matutech for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Matutech assumes no liability for the opinions of its contracted physicians and/or clinician advisors the health plan, organization or other party authorizing this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for 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.