



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 and Fee Dispute

PART I: GENERAL INFORMATION

Type of Requestor: (X) Health Care Provider () Injured Employee () Insurance Carrier	
Requestors Name and Address: Integra Specialty Group, P.A. 517 North Carrier Parkway, Suite G Grand Prairie, Texas 75050	MDR Tracking No.: M5-06-1132-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: Employers Mutual Casualty Company Rep Box # 19	Date of Injury:
	Employer's Name:
	Insurance Carrier's No.:

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

DOCUMENTATION SUBMITTED: DWC-60 dispute package
POSITION SUMMARY: Per the table of disputed services "Documented Medically Necessary"

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

DOCUMENTATION SUBMITTED: Response to DWC-60
POSITION SUMMARY: " A review of the service was performed and subsequently denied based on the medical information provided by the injured worker's attending physician. The medical information submitted does not substantiate the need for the health care recommended. Therefore the request was determined not to be medically necessary".

PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	CPT Code(s) or Description	Medically Necessary?	Additional Amount Due (if any)
09-12-05 to 11-22-05	99212 (\$48.99 X 3 DOS) < MAR	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$146.97
	97032 (2 units @ \$40.40 X 10 DOS) < MAR		\$404.00
	97110 (4 units @ \$144.56 X 10 DOS)		\$1,445.60
	97112 (1 unit @ \$38.15 X 11 DOS)		\$419.65
	97140 (1 unit @ \$34.13 X 11 DOS) < MAR		\$375.43
	99213 (\$68.24 X 9 DOS) < MAR		\$614.16
TOTAL			\$3,405.81

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.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by Medical Dispute Resolution.

On 05-24-06, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

On 03-30-2006 the Requestor submitted a modified table of disputed services which is used for the review.

CPT code 99080-73 dates of service 09-12-05 and 10-20-05 denied with denial codes "42/218/284" (charges exceed our fee schedule or maximum allowable amount/report charge was denied as it does not fall within the report guidelines per TWCC rules/no allowance was recommended as this procedure has a Medicare status of 'B' (bundled). Per Rule 129.5 the DWC-73 is a required report. Review of submitted copies of the DWC-73 reports by the Requestor indicates the reports fall within the report guidelines per Rule 129.5. Recommend reimbursement in the amount of **\$30.00**.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

28 Texas Administrative Code Sec. 133.308, 134.202 and 129.5

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 \$3,435.81. In addition, the Division finds that the requestor was the prevailing party and is entitled to a refund of the IRO fee (\$460.00). 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.

Ordered by:

06-07-06

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.



CompPartners Final Report ACCREDITED EXTERNAL REVIEW

CompPartners Peer Review Network
Physician Review Recommendation
Prepared for TDI/DWC

Claimant Name: _____
Texas IRO # : _____
MDR #: M5-06-1132-01
Social Security #: _____
Treating Provider: Darren Howland, D.C.
Review: Chart
State: TX
Date Completed: 4/28/06
Date Amended: 5/23/06

Review Data:

- Notification of IRO Assignment dated 3/17/06, 1 page.
- Receipt of Request dated 3/17/06, 1 page.
- Medical Dispute Resolution Request/ Response dated 2/21/06, 2 pages.
- List of Treating Providers (date unspecified), 1 page.
- Table of Disputed Services dated 11/22/05, 11/18/05, 11/17/05, 11/14/05, 11/11/05, 11/10/05, 11/7/05, 11/3/05, 11/1/05, 10/31/05, 10/27/05, 10/25/05, 10/18/05, 9/19/05, 9/12/05, 8/18/05, 8/7/05, 8/5/05, 7/26/05, 7/20/05, 7/13/05, 7/6/05, 6/30/05, 6/23/05, 6/16/05, 6/9/05, 6/7/05, 6/3/05, 5 pages.
- Employee's Request to Change Treating Doctor's dated 2/20/06, 2/6/06, 2 pages.
- Employee's Notice of Injury or Occupational Disease dated _____, 1 page.
- Explanation of Benefits dated 10/25/05, 10/18/05, 9/19/05, 9/12/05, 8/18/05, 8/7/05, 8/5/05, 7/26/05, 7/20/05, 7/13/05, 7/6/05, 6/30/05, 6/23/05, 6/16/05, 6/9/05, 6/7/05, 6/3/05, 25 pages.
- Case Review dated 12/7/05, 1/18/05, 8 pages.
- Evaluation dated 6/20/05, 5/5/05, 7 pages.
- Reconsideration Request dated 2/13/06, 1 page.
- Health Insurance Claim Forms dated 11/30/05, 11/29/05, 11/22/05, 11/15/05, 11/14/05, 11/11/05, 11/10/05, 10/28/05, 10/24/05, 9/20/05, 9/2/05, 8/24/05, 8/8/05, 7/28/05, 7/22/05, 7/15/05, 7/8/05, 7/5/05, 6/21/05, 6/20/05, 6/15/05, 6/9/05, 29 pages.
- SOAP Notes dated 11/22/05, 11/18/05, 11/17/05, 11/14/05, 11/11/05, 11/10/05, 11/7/05, 11/3/05, 11/1/05, 10/31/05, 10/27/05, 10/25/05, 10/20/05, 10/18/05, 9/19/05, 9/12/05, 8/18/05, 8/7/05, 8/5/05, 7/26/05, 7/20/05, 7/13/05, 7/6/05, 6/30/05, 6/23/05, 6/16/05, 6/9/05, 6/7/05, 6/3/05, 30 pages.
- Texas Workers' Compensation Work Status Report dated 10/20/05, 9/12/05, 8/7/05, 6/7/05, 4 pages.
- Examination dated 8/5/05, 5 pages.
- Letter of Dispute dated 3/15/06, 3 pages.
- Fax Cover Sheet dated 4/5/06, 3/30/06, 2 pages.
- IRO Position Statement dated 3/30/06, 3 pages.
- Operative Report dated 8/25/05, 2 pages.
- Review of Medical History and Physical Examination dated 6/23/05, 3 pages.

Reason for Assignment by TDI/DWC: Determine the appropriateness of the previously denied request for:

1. (97032) Electrical stimulation.
2. (99212, 99213) Office visits.
3. (97112) Neuromuscular re-education.
4. (97140) Manual therapy technique.
5. (97110) Therapeutic exercises.

Dates of service 9/12/05 to 11/22/05.

Determination: UPHELD - the previously denied request for:

1. (97032) Electrical stimulation.
2. (99212, 99213) Office visits.
3. (97112) Neuromuscular re-education.
4. (97140) Manual therapy technique.
5. (97110) Therapeutic exercises.

Dates of service 9/12/05 to 11/22/05.

Rationale:

Patient's age:

Gender:

Date of Injury: ____

Mechanism of Injury: Carrying a 4 x 8 sheetrock, weighing approximately 80 pounds; lost his balance and the load shifted; he almost fell in the process and strained his lower back.

Diagnoses: Post surgical lumbar microdiscectomy, 8/25/05; cauda equina syndrome per Dr. Lipschitz, on 2/11/05; skin sensation disturbance; and intervertebral disc displacement without myelopathy.

The patient was changed from Dr. Murphy, DC to Dr. Howland, DC without the patient's consent, and he did not have a good relationship with Dr. Howland. On 2/20/06, he subsequently asked for another change in treating doctor to Jose Caballero, DC. There are treatment records indicating that the patient was started on continued passive care physical therapy by Dr. Howland despite failure of this claimant to improve with all previous conservative active and passive therapy given by both chiropractic treatments, physical therapist treatments along with attempts of medications, lumbar support and pain injections. On 2/11/05, this claimant was seen by Dr. Lipschitz, MD in the emergency room, due to bladder and bowel dysfunction and subsequently diagnosed with cauda equina syndrome and recommended lumbar surgery. (This diagnosis was not reflected in any of the chiropractic records).

In March 2005, the patient was evaluated by Dr. Kevin Gill, MD, an orthopedic specialist, and noted that the urinary dysfunction had resolved; however, he recommended a microdiscectomy at L5-S1 due to the cauda equina syndrome and the patient refused this and wanted to continue chiropractic therapy with Dr. Murphy, DC. On 5/5/05, Dr. John P. Obermiller, MD evaluated the records and performed a medical evaluation on this patient and did not believe that further chiropractic care or physical therapy was indicated. He did recommend post operative physical therapy for 4-6 weeks if the patient chose to have surgery performed.

There were progress notes from Dr. Howland starting on 6/3/05, in which muscle strength was normal, dermatomal sensation was normal, straight leg raise was 70 degrees on right, and 80 degrees on left, and the patient denied numbness, tingling or radiating pain into the legs at that time. He had positive Valsalva's noted. His diagnoses include 722.10- displacement of lumbar intervertebral disc without myelopathy (however, he has cauda equina syndrome documented by other doctors) and disturbance in skin sensation 782.0 (despite on examination documentation normal dermatomal sensation). The patient continued to have same complaints and eventually underwent a microdiscectomy at L5-S1 on 8/25/05, by Dr. Kevin Gill. Dr. Howland followed the claimant on 9/19/05, however, the notes failed to identify justification for the level of coding 99212 evaluations and management code/office visit code. On 10/18/05, Dr. Gill, recommended a follow-up with the chiropractor Dr. Howland, for postoperative therapy and work conditioning. The patient reported that post surgically, he still had low back pain and left posterior thigh pain.

The patient did begin postoperative physical therapy with Dr. Howland, and continued with reported subjective and objective findings of pain, tenderness, guarding, weakness, decreased range of motion and fixations rated an 8. The evaluation on this date was coded 99212 and claimed a focused history and examination were performed; however, the documentation did not reflect this level of evaluation and management/office visit. These treatment notes were redundant "canned notes" and do not appropriately meet documentation requirements for reimbursement at the code levels of 99212, 99213 evaluation and management/office visit. Despite continued reports of same findings subjectively and objectively with waxing and waning of pain scales reported, and waxing and waning of the degree of measured tenderness, guarding, fixations, weakness and range of motion (with not one date reflecting actual degrees of motion), this patient claimed 30% improvements on each date documented and received passive care modalities on each visit, as well as continued manual therapy to the lumbar spine for fixations (this should have been a contraindication at the level of surgery). By the notes from 11/22/05 Dr. Gill, (his surgeon) asked that all therapy be suspended until an MRI of the lumbar spine could be repeated to rule out herniated nucleus pulposus (HNP) and discal stability issues post operatively. On that date, there was continued tenderness, guarding, weakness rated at a 2 and pain at a 3/10.

The current request is to determine the medical necessity for items in dispute with dates of service from 9/12/05 to 11/22/05 and which include:

- 1) 97032-electrical stimulation, 10/25/05, 10/27/05, 10/31/05, 11/1/02, 11/3/05, 11/7/05, 11/10/05, 11/11/05, 11/14/05, and 11/17/05. The medical necessity for these dates of service with this continued passive care modality at 2 units each treatment was not found. This claimant had already failed to have curative effect; long-term relief effects or any lasting symptom resolution with passive care physical therapy and therefore, it was no longer indicated as a medical necessity. The ACOEM Guidelines, Chapter 12 would support this adverse determination, as well as the Texas Labor Code 401.0112 and 408.021.
- 2) 99212-office visit/EM code, on 9/19/05, 10/18/05, and 11/22/05. The medical necessity for this code 99212 was not found. The documentation of these dates of service failed to reflect this level of service and failed to meet two of the three stated requirements. (Focused history, Focused examination and straightforward clinical decision making). 99213-office visit/EM code, 10/27/05, 10/31/05, 11/1/05, 11/3/05, 11/7/05, 11/10/05, 11/11/05, 11/14/05, and 11/17/05. The medical necessity for this code 99213 was not found. The documentation of these dates of service failed to reflect this level of service and failed to meet two of the three stated requirements. (Expanded history, expanded examination and low clinical decision making).
- 3) 97112-Neuromuscular re-education, on 10/25/06, 10/27/05, 10/31/05, 11/1/05, 11/3/05, 11/7/05, 11/10/05, 11/11/05, 11/14/05, 11/17/05, and 11/18/05. The documentation failed to identify a medical necessity for this procedure. There were no specific, well documented objective measurements of deficits in range of motion, mobility, balance and or coordination. The specific exercises performed and purpose of the exercises, as related to function, was vague and non-specific and the response of the patient to treatment was not specifically documented. Therefore, the medical necessity cannot be clinically established at this time. Additionally, this claimant had undergone a significant amount of treatment and was determined to be a surgical candidate and was awaiting surgery for cauda equine syndrome and therefore, again the medical necessity to continue treating with this procedure could not be established. Finally, the ACOEM Guidelines do not specifically recommend neuromuscular re-education as a treatment for this patient's diagnosis of cauda equine syndrome pre-surgically.
- 4) 97140-Manual therapy technique, on 10/25/05, 10/27/05, 10/31/05, 11/1/05, 11/3/05, 11/7/05, 11/10/05, 11/11/05, 11/14/05, 11/17/05, and 11/18/05. The daily notes indicate that "joint mobilization" was provided due to loss of articular motion and flexibility with a goal to restore joint mobility. It was documented that it was provided without a "thrust", however, this reviewer finds that this joint mobilization should have been considered a contraindication to the diagnoses provided by the surgeon of cauda equina syndrome. He was awaiting surgical intervention for this diagnosis. This adverse determination would be consistent with the ChiroCode Book, 10th edition that reflects the Medicare and Medicaid stance on manipulation at the level of myelopathy symptoms or cauda equina symptoms as contraindicated.
- 5) 97110 – Therapeutic exercises, on 10/25/05, 10/27/05, 10/31/05, 11/1/05, 11/7/05, 11/10/05, 11/11/05, 11/14/05, 11/17/05, and 11/18/05. The documentation failed to identify a medical necessity for this procedure. There were no specific, well-documented objective measurements of deficits in range of motion, mobility, balance and or coordination. The specific exercises performed and purpose of the exercises, as related to function, was vague and non-specific and the response of the patient to treatment was not specifically documented. Therefore, the medical necessity cannot be clinically established at this time. Additionally, this claimant had undergone a significant amount of treatment and was determined to be a surgical candidate and was awaiting surgery for cauda equine syndrome and therefore, the medical necessity to continue treating with this procedure could not be established. Home exercises would be appropriate by that time, with lack of documented improvements. There were no curative effects, long-term relief efforts and certainly not significant well-documented symptom resolution documented.

Criteria/Guidelines utilized: 1) TDI/DWC rules and regulations.

2) Texas Labor Code 401.0112 and 408.021.

3) The ACOEM Guidelines, 2nd Edition, Chapter 12.

4) ChiroCode Book, 10th edition, Section A, page #38-39, re: contraindications; ChiroCode Book 10th edition, Section C, page #17.

Physician Reviewers Specialty: Chiropractor

Physician Reviewers Qualifications: Texas Licensed DC, BSRT, FIAMA Chiropractor and is also currently listed on the TDI/DWC ADL list.

CompPartners, Inc. hereby certifies that the reviewing physician or provider has certified that no known conflicts of interest exist between that provider 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 the decision before the referral to CompPartners, Inc.

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.