



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.: M5-06-1222-01
North Texas Pain Recovery Center 6702 West Poly Webb Road Arlington, Texas 76016	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address:	Date of Injury:
Liberty Mutual Insurance Company, Box 28	Employer's Name:
	Insurance Carrier's No.:

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Documents include the DWC-60 package. Position Summary (Table of Disputed Services) states, "Treatment was medically necessary."

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Documents include the DWC-60 response. Position Summary states, "Per recommendation of peer review,"

PART IV: SUMMARY OF DISPUTE AND FINDINGS - Medical Necessity Services

Date(s) of Service	CPT Code(s) or Description	Medically Necessary?	Additional Amount Due (if any)
3-14-05 – 3-25-05	CPT codes 97545-WH-CA and 97546-WH-CA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0

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.

In accordance with Rule 133.308 (e), requests for medical dispute resolution are considered timely if they are filed with the division no later than one year after the dates of service in dispute. The following dates of service are not eligible for this review: 1-17-05 and 1-18-05.

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:

Donna Auby, Medical Dispute Officer

5-4-06

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.



Specialty Independent Review Organization, Inc.

Amended Report of May 2, 2006

April 26, 2006

DWC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient:
DWC #:
MDR Tracking #: M5-06-1222-01
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The Division of Workers' Compensation has assigned this case to Specialty IRO for independent review in accordance with DWC Rule 133.308, which allows for medical dispute resolution by an IRO.

Specialty IRO has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Doctor of Chiropractic. The reviewer is on the DWC ADL. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

Ms. ___ was injured on ___ while employed with Paris Packaging, Inc. Ms. ___ measures 5' and weighs between 214 and 229 pounds according to the records. She has hypertension and a history of cancer. The injury was caused by a repetitive lifting injury from boxes while at Paris Packaging. She initially saw a chiropractor without dramatic change in symptomatology. She changed doctors to Kyle Jones, MD who began to treat her. In the 8/31/04 note, Dr. Jones indicates that the patient had another injury on 4/28/04. Records prior to the WH program are sparse. She was assessed a 5% WP IR on 4/20/05. She was given permanent return to work restrictions of 20 lbs and resting of 1x/hr.

RECORDS REVIEWED

Records were received and reviewed from the requestor, respondent and from the treating doctor. Records from the treating doctor include the following: 3/4/05 FCE, progress notes of Kyle Jones, MD from 08/31/04 through 04/04/05, impairment rating of 4/20/05 by Dr. Jones, TWCC 73 of 4/25/05 and 8/31/04 note by Dr. Jones.

Records from the respondent include the following which are in addition to the previously mentioned records: 4/6/06 letter by C. Crewey of Liberty Mutual, 5/2/05 billing retrospective review by Mary Coar, PT, 3/21/05-3/25/05 PT progress notes, 3/21/05 through 3/25/05 PT group notes, 3/22/05-3/24/05 hypnosis notes, 3/21/05 through 3/25/05 case management notes, 3/21/05 through 3/25/05 biofeedback notes, 3/28/05 weekly progress report and 3/31/05 FCE discharge report.

Records from the requestor include the following, which are in addition to the previously mentioned records: 4/10/06 letter by M. Walker, Ed D, MBA, MHL, various EOB's, 2/25/05 preliminary PT review by M. Coar, PT, Occ rehab intake paperwork, 12/29/04 FCE, 1/11/05 psych screen by K. Walker, PhD, biofeedback notes from 1/17/05 through 3/25/05, 1/18/05 through 3/24/05 hypnosis group notes, PT daily progress notes from 1/17/05 through 3/25/05, work hardening exercise sheets (pgs 1 through 8), pain

management sheets, (pgs. 2, 4 only), 3/14/05 through 3/25/05 process group notes, 3/22/05 physical rehab group note, 1/18/05 through 3/25/05 weekly progress reports, 1/17/05 through 3/25/05 case management reports, LMN and script from Dr. Jones for CPM, psych testing and WH, CT of thoracic and lumbar spine by Lone Star Imaging of 11/8/04 and a job description for an inspector/packer job.

DISPUTED SERVICES

The disputed services include a work hardening program (97545-WH-CA and 97546-WH-CA from 3/14/05 through 3/25/05.

DECISION

The reviewer agrees with the previous adverse determination regarding all treatment, which is under review.

BASIS FOR THE DECISION

According to the December 2004 FCE, Ms. ___'s PDL is not discussed; however, she does appear to be deconditioned and does not have the functional ability at this point to return to work at a medium PDL. PT services have been provided prior to this point with minor results. Therefore, a trial of work hardening is medically necessary.

The reviewer indicates that it is unclear why the patient did not continue work hardening from 1/19/05 until her return on or about 3/14/05. The notes provided did not establish what type of problem caused the interruption.

The NASS phase III guidelines indicate work hardening should be performed after an initial rehabilitation protocol of 0-8 weeks, followed by an additional 0-8 weeks of rehabilitation protocols. The study by Schonstein, et al indicates that WH is an effective treatment for chronic lower back pain.

According to Saunders, the entrance criteria for a WH program is as follows: 1) pt is unable to work secondary to pain/dysfunction 2) reasonably good prognosis for improved employment capability as a result of this program 3) clear job oriented goal to RTW 4) patient's goal is attainable in 6-8 weeks 5) no psychological barrier to improvement 6) WH is not contraindicated. The work hardening exit/discharge criteria are as follows: 1) goals met 2) pt stops progressing 3) contraindication 4) pt wishes to discontinue 5) pt is noncompliant. It appears that the patient was noncompliant after 1/18/05; therefore, the patient should have been discharged from the program.

REFERENCES

Reed, P The Medical Disability Advisor, 2005

NASS Phase III Clinical Guidelines

Schonstein E, Kenny DT, Keating J, Koes BW Work conditioning, work hardening and functional restoration for workers with back and neck pain Cochrane Database Syst Rev. 2003;(1):CD001822

Saunders, R Industrial Rehabilitation-Techniques for Success, Saunders Group, 1995

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that the reviewing provider has no known conflicts of interest 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 decision before referral to the IRO.

Sincerely,

Wendy Perelli, CEO

CC: Specialty IRO Medical Director

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.

Sincerely,

Wendy Perelli, CEO

I hereby certify, in accordance with TDI/DWC- Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the DWC via facsimile, U.S. Postal Service or both on this 2nd day of May 2006

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli