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: SCD Back and Joint Clinic, Ltd. 200 E. 24th Street, Suite B Bryan, Texas 77803	MDR Tracking No.: M5-06-1301-01 Claim No.: Injured Employee's Name:
Respondent's Name and Address: State Office of Risk Management, Box 45	Date of Injury: Employer's Name: Insurance Carrier's No.:

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Documents include the DWC-60 package. Position Summary states, "Please accept the attached documents as our submission to the Medical Review Division for assistance in resolving this dispute."

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Documents include the DWC-60 response. Position Summary states, "The Office will maintain denial as exceeding the usual length of a treatment session without justification of medical necessity."

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)
3-21-05 – 8-25-05	CPT codes 99211, 99211-25, 99212, 99212-25, 99213, 99213-25, G0283, 99371, 97039, 97112, 97112-59, 97124, 97124-59, 97530, 97750, 98940	☐ **Yes** ☒ **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.

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:

		5-10-06
	Donna Auby, Medical Dispute Officer	
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.

May 8, 2006

Texas Department of Insurance Division of Texas Worker's Compensation
MS48
7551 Metro Center Drive, Suite 100
Austin, Texas 78744-1609

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-06-1301-01
DWC #: ___
Injured Employee: ___
Requestor: SCD Back & Joint Clinic, Ltd.
Respondent: State Office of Risk Management
MAXIMUS Case #: TW06-0069

MAXIMUS has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The MAXIMUS IRO Certificate Number is 5348. The TDI, Division of Workers Compensation (DWC) has assigned this case to MAXIMUS in accordance with Rule §133.308, which allows for a dispute resolution by an IRO.

MAXIMUS has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing chiropractor on the MAXIMUS external review panel who is familiar with the condition and treatment options at issue in this appeal. This case was also reviewed by a practicing chiropractor on the MAXIMUS external review panel who is familiar with the condition and treatment options at issue in this appeal. The reviewer has met the requirements for the approved doctor list (ADL) of DWC or have been approved as an exception to the ADL requirement. A certification was signed that the reviewing chiropractic 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, was signed. In addition, the MAXIMUS chiropractic reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns an adult female who had a work related injury on ___. Records indicate that shortly after securing youths behind a door pushing against the door with her body and both feet, she developed left leg and lower back pain. Diagnoses included lumbar sprain/strain, ankle sprain/strain, non-specific left lower extremity paresthesia and lumbar radiculopathy with nerve root dysfunction. Evaluation and treatment has included chiropractic services, physical therapy and steroid injections.

Requested Services

Office visits (99211-25/99212/99212-25/99213), electrical stimulation (G0283), phone call (99371), unlisted modality (cold laser)(97039), neuromuscular re-education (97112/97112-59), massage therapy (97124/97124-50), therapeutic activities (97530), DeLorme testing/Dynatron human test (97750) and chiropractic manipulative treatment (98940) from 3/21/05-8/25/05.

Documents and/or information used by the reviewer to reach a decision:

Documents Submitted by Requestor:

1. The Back & Joint Clinic Records and Correspondence – 2/16/05-4/20/06
2. Shanti Pain & Wellness Clinic Records – 4/5/05-11/1/05
3. Review Determinations – 6/2/05, 7/6/05, 7/12/05, 8/3/05, 9/1/05
4. Diagnostic Studies (e.g., MRIs) – 4/6/05
5. Neurology Records and Correspondence – 4/28/05-4/29/05
6. Texas Surgicom At Houston Community Hospital Records – 6/9/05, 7/21/05, 8/11/05

Documents Submitted by Respondent:

1. Employer's First Report of Injury or Illness – 2/13/05
2. Table of Disputed Services – 3/21/05-8/25/05
3. Diagnostic Studies (e.g., MRIs, Electromyography, ROM, etc) – 4/6/05, 5/27/05, 6/9/05, 8/11/05
4. The Back & Joint Clinic Records and Correspondence – 2/16/05-8/25/05
5. Shanti Pain & Wellness Clinic Records – 4/5/05-8/23/05
6. Neurology Records and Correspondence – 4/28/05-4/29/05
7. Texas Surgicom At Houston Community Hospital Records – 6/9/05, 8/11/05
8. Alpha Chiropractic Correspondence – 4/28/05

Decision

The Carrier's denial of authorization for the requested services is upheld.

Standard of Review

This MAXIMUS determination is based upon generally accepted standard and medical literature regarding the condition and services/supplies in the appeal.

Rationale/Basis for Decision

The MAXIMUS chiropractor consultant indicated the patient suffered a lumbar strain injury and left ankle sprain. The MAXIMUS chiropractor consultant explained she was treated a total of 18 times from 2/16/05-3/18/05. The MAXIMUS chiropractor consultant noted her pain level was reported at 8 on 2/16/05 and 5 on 2/25/05. The MAXIMUS chiropractor consultant noted that 5 weeks later her pain was still reported at 5 despite proper conservative treatment. The MAXIMUS chiropractor consultant indicated she had an MRI that shows some disc bulges but no stenosis or nerve entrapment. The MAXIMUS chiropractor consultant explained she had a neurology examination that was normal. The MAXIMUS chiropractor consultant indicated she had no objective findings to warrant ongoing care after 6 weeks without signs of continued

improvement. The MAXIMUS chiropractor consultant explained her muscle strength and range of motion improved during that time, but anyone working out and receiving that much care and therapy would naturally get stronger and more flexible. The MAXIMUS chiropractor consultant noted no interventions helped her pain. The MAXIMUS chiropractor consultant also noted that this was a noncomplicated case that should follow the accepted standards of care for a sprain/strain injury. The MAXIMUS chiropractor consultant explained there was no medical necessity for continued active and passive care beyond 6 weeks without a decrease in symptoms and an improved ability to perform work and activities of daily living. (Mercy Guidelines, Agency for Health Care Policy and Research, Official Disability Guidelines, American College of Occupational and Environmental Medicine)

Therefore, the MAXIMUS chiropractor consultant concluded that the office visits (99211-25/99212/99212-25/99213), electrical stimulation (G0283), phone call (99371), unlisted modality (cold laser) (97039), neuromuscular re-education (97112/97112-59), massage therapy (97124/97124-50), therapeutic activities (97530), DeLorme testing/Dynatron human test (97750) and chiropractic manipulative treatment (98940) from 3/21/05-8/25/05 were not medically necessary for treatment of the member's condition.

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Sincerely,
MAXIMUS

Lisa Gebbie, MS, RN
State Appeals Department