



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.: M5-06-1378-01
Texas MedClinic 13722 Embassy Row San Antonio, TX 78216	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address:	Date of Injury:
Royal Insurance Company of America, Box 11	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, "Medically necessary, requesting MFG fee."

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Documents include the DWC 60 response.

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)
7-23-05 – 10-5-05	CPT code 99212 (\$45.27 X 1 DOS)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$45.27
7-23-05 – 10-5-05	CPT code 99213 (\$61.89 X 2 DOS)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$123.78
7-23-05 – 10-5-05	CPT code 99214 (\$97.40< MAR X 3 DOS)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$292.20
7-23-05 – 10-5-05	CPT code 90782 (See note below)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	0
7-23-05 – 10-5-05	CPT code J1885 (\$3.20 X 3 units)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$9.60
7-23-05 – 10-5-05	CPT code A9270 (not in dispute)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	0
7-23-05 – 10-5-05	CPT code J2930 (\$3.28 X 2 units)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$6.56
7-23-05 – 10-5-05	CPT code J3490 (not in dispute)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	0
7-23-05 – 10-5-05	CPT code 97001 (\$90.56< MAR X 1 unit)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$90.56
7-23-05 – 10-5-05	CPT code G0283 (\$13.62< MAR X 11 units)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$149.82
7-23-05 – 10-5-05	CPT code 97110 (\$33.56 X 8 units)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$268.48
7-23-05 – 10-5-05	CPT code 97035 (\$14.62 X 11 units)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$160.82
7-23-05 – 10-5-05	CPT code 97002 (\$47.70 X 2 units)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$95.40
7-23-05 – 10-5-05	CPT code 97530 (\$35.16 X 4 units)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$140.64
7-23-05 – 10-5-05	CPT code 99080-73	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$15.00
	Total		\$1,398.13

PART V: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

Note: Per the 2002 MFG CPT code 90782 was deleted on 1-1-06. No reimbursement recommended.

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 prevail on the majority of the disputed medical necessity issues. The amount due the requestor for the items denied for medical necessity is \$1,398.13.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

28 Texas Administrative Code Sec. 133.308, 134.202(c)(1), 134.503.

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 carrier must refund the amount of the IRO fee (\$650.00) to the requestor within 30 days of receipt of this order. The Division has determined that the requestor is entitled to additional reimbursement in the amount of \$1398.13. 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.

Findings and Decision and Order by:

Medical Dispute Officer

6-6-06

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.

**IRO Medical Dispute Resolution M5 Retrospective Medical Necessity
IRO Decision Notification Letter**

Date:	05/26/2006
Injured Employee:	
MDR #:	M5-06-1378-01
DWC #:	
MCMC Certification #:	TDI IRO-5294

REQUESTED SERVICES:

Please review the item(s) in dispute: Were the office visit 99214, 99212, and 99213; therapeutic, prophylactic or diagnostic injection 90782; injection, ketorolac tromethamine J1885; Non-covered item or service A9270; injection, methylprednisolone sodium succinate J2930; Unclassified drugs J3490; physical therapy evaluation 97001; electrical stimulation G0283; therapeutic exercises 97110; ultrasound 97035; physical therapy re-evaluation 97002; therapeutic activities 97530; DWC report 99080-73 from 07/23/2005 to 10/05/2005 medically necessary?

DECISION: Reversal

IRO MCMCllc (MCMC) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO) to render a recommendation regarding the medical necessity of the above disputed service.

Please be advised that a MCMC Physician Advisor has determined that your request for an M5 Retrospective Medical Dispute Resolution on 05/26/2006, concerning the medical necessity of the above referenced requested service, hereby finds the following:

For dates of service 07/23/2005 to 10/05/2005, the treatment and billed CPT codes were all medically necessary and reasonable.

CLINICAL HISTORY:

The injured individual is a 46 year old male with date of injury 05/___/2003. The injured individual complained of low back pain to the left foot for which he sought treatment initially on 06/03/2003. He had a history of prior low back injury in 1999, which resolved with medications. Physical therapy (PT), Naprosyn, Medrol, Soma, and Vioxx were recommended for this 2003 injury. After a month with no relief, an orthopedic consult was obtained on 07/10/2003. His diagnosis was radicular leg pain with a normal neurological exam. An MRI was recommended along with light duty restrictions. The MRI of 07/2003 showed protrusions at L3-S1 with left S1 nerve root encroachment. Epidural steroid injections (ESIs) and electromyogram (EMG) were recommended. The EMG showed acute left S1 radiculopathy. The ESIs began in 2004 and continued for almost a year and provided very good relief and by 03/2005 the injured individual did not require any medications and he was working full time. In the interim, the injured individual had an independent medical exam (IME) on 05/12/2004, which made him maximum medical improvement (MMI), as of that date and stated the ESIs only helped some. By 07/23/2005, his back and left leg pain was severe and more ESIs were recommended. The injured individual had Toradol injections, Solu-Medrol injections on 07/23/2005, 07/27/2005, 08/20/2005, 08/22/2005 and PT through 10/2005. He also had chiropractic manipulation once with good relief. By 10/05/2005 he was feeling less pain and wanted to continue with the sporadic manipulation, which was recommended. Further PT was not recommended. He was on Ultram at the time.

REFERENCES:

- ACOEM Guidelines. Copyright 2004.
- Bonica's Management of Pain. Third edition copyright 2000.

RATIONALE:

The injured individual is a 46 year old male with lumbar injury in 05/2003. MRI showed protrusions at multiple lumbar levels with left S1 involvement and electromyogram (EMG) corroborated this. The injured individual was treated with physical therapy (PT), medications, and two series of epidural steroid injections (ESIs) with reportedly good relief and he returned to work with restrictions. In 07/2005 he was seen back by his primary care physician (PCP) for a flare up of symptoms. PT and occasional Toradol/steroid injections were done over the course of three months with good relief. The injured individual also had one chiropractic session and noted improvement so more were suggested. The items in dispute are office visits, injections, PT, and evaluations for this time period. Based on the injured individual's presenting findings from his Worker's Compensation injury of 05/2003, his response to injection therapy, his return to work status, his improvement, and his acute exacerbation of symptoms in 07/2005, the treatment given from then until 10/2005 is reasonable to address this exacerbation.

RECORDS REVIEWED:

- Notification of IRO Assignment dated 04/19/06
- MR-117 dated 04/19/06
- DWC-60
- DWC-62: Explanation of Benefits for DOS 07/23/05 through 10/05/05
- DWC-69: Report of Medical Evaluation dated 05/26/04
- DWC-73: Work Status Reports dated 06/03/03 through 09/27/05 and two with return to work dates of 07/01/03 and 11/05/03
- DWC-1: Employer's First Report of Injury or Illness dated 06/03/03

- MCMC: IRO Medical Dispute Resolution Retrospective Medical Necessity dated 04/28/06
- MCMC: IRO Acknowledgment and Invoice Notification Letter dated 04/19/06
- Texas MedClinic: Form letter dated 01/19/06 from Eva Salinas, IBC
- Texas MedClinic: Letter dated 10/26/05 from John Rheiner, M.D.
- Texas MedClinic: Encounter Notes dated 10/05/05, 08/24/05, 07/27/05 from John Rheiner, M.D.
- Texas MedClinic: Encounter Note dated 09/27/05 from Suanne Schafer, D.O.
- Texas MedClinic: Work Status Reports dated 08/24/05, 07/27/05, 07/23/05
- Texas MedClinic: Physical Therapy Progress Notes dated 08/19/05, 08/05/05, 08/03/05, 08/01/05 from Fred Jesse, PT
- Texas MedClinic: Physical Therapy Daily Notes dated 08/16/05, 08/12/05, 08/10/05, 08/09/05, 07/29/05 from Heidi Gulley, PTA
- Texas Medical Physical Therapy: Handwritten Progress Note dated 07/28/05
- Texas MedClinic: Physical Therapy Referral dated 07/27/05
- Texas MedClinic: Back Evaluation dated 07/27/05
- Texas MedClinic: Encounter Note dated 07/23/05 from Scott Ross, M.D.
- David M. Hirsch, D.O.: Pain management notes dated 03/08/05, 01/18/05, 11/09/04 from Joseph Senesi, P.A.-C.
- Robert Simpson, M.D.: Peer Review dated 01/20/05
- David M. Hirsch, D.O.: Epidural Steroid Injection #1 note dated 11/01/04
- Texas MedClinic: Prescription notes dated 08/11/04, 03/24/04
- Corvel: Letter dated 07/02/04
- David M. Hirsch, D.O.: Follow up notes dated 06/30/04, 01/04/04
- Bernie L. McCaskill, M.D.: Letter dated 06/30/04
- Corvel: Report dated 06/24/04 from Peer Review Unit
- Texas MedClinic: Documentation Sheets (handwritten) dated 06/22/04, 05/07/04, 04/07/04, 06/19/03
- Texas MedClinic: Letter dated 06/01/04 from John Rheiner, M.D.
- Dr. Peter B. Robinson, M.D.: Report dated 05/12/04
- Ruben's Activities sheet dated 04/08/04 (part of wording not visible) with handwritten notes
- David M. Hirsch, D.O.: Electrodiagnostic Study dated 08/27/03
- South Texas Spinal Clinic: Nerve Conduction Report dated 08/24/03
- South Texas Spine Clinic: Follow Up Office Visit note dated 07/22/03 from David Roberts, M.D.
- Advanced Medical Imaging: MRI lumbar spine dated 07/18/03
- South Texas Spinal Clinic: Report dated 07/10/03 from David Roberts, M.D.
- BPTI: Fax cover sheet requesting to continue PT dated 07/01/03
- Texas MedClinic: Consultation/Referral Request dated 07/01/03
- Boerne Physical Therapy Institute: Progress Report dated 06/30/03 from Jeff Witten, PT
- Boerne Physical Therapy: Physical Therapy Evaluation dated 06/10/03 from Jack O'Dell, PT
- BPTI: Physical Therapy Referral dated 06/03/03
- Texas MedClinic: Form notes (handwritten) with Admission Dates of 05/03/03 through 10/05/05
- Lumbar Exercise Flow Sheets dated 07/29 to 08/09 and 08/12 to 08/16 (dates difficult to read)

The reviewing provider is a **Licensed/Boarded Pain Management/Anesthesiologist and certifies that no known conflict of interest exists between the reviewing **Pain Management/Anesthesiologist** 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 prior to referral to the IRO. The reviewing physician is on DWC's Approved Doctor List.**

This decision by MCMC is deemed to be a Division decision and order (133.308(p) (5)).

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.

In accordance with Division rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent via facsimile to the office of DWC on this

__26th__ day of __MAY__ 2006.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____

MCMC llc ▪ 88 Black Falcon Avenue, Suite 353 ▪ Boston, MA 02210 ▪ 800-227-1464 ▪ 617-375-7777 (fax)
mcman@mcman.com ▪ www.mcman.com