



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:

SSI DME Solutions, LP  
 605 Overland Trl  
 Southlake TX 76092

MDR Tracking No.: M5-06-1388-01

Claim No.:

Injured Employee's Name:

Respondent's Name and Address:

Fidelity and Guaranty Insurance, Box 19

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, "Physician states reason for medical necessity and use of item."

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

Documents include the DWC-60 response. Position Summary states, "We will stand on our previous determination."

**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)
10-25-05	E0236-NU and E0249-NU	<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.

**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

5-17-06

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

May 11, 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 #: M5-06-1388-01**  
**DWC #: \_\_\_\_**  
**Injured Employee: \_\_\_\_**  
**Requestor: SSI DME Solutions LP**  
**Respondent: Fidelity & Guaranty c/o FOL**  
**MAXIMUS Case #: TW06-0072**

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 physician who is board certified in orthopedic surgery 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 has been approved as an exception to the ADL requirement. A certification was signed 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, was signed. In addition, the MAXIMUS physician reviewer certified that the review was performed without bias for or against any party in this case.

#### Clinical History

This case concerns an adult male who had a work related injury on \_\_\_\_\_. Records indicate that he slipped on a marble floor that had some oil on it. Diagnoses included mild central stenosis, scoliosis, failed laminectomy syndrome, intact interbody fusion, chronic intractable lumbar radicular syndrome, probable symptomatic spinal stenosis and foraminal stenosis L3-L4. Evaluation and treatment has included spinal fusion, interventional blocks and epidural injections.

### Requested Services

The pump for water circulation E0236-NU and pad for water circulation E0249-NU on 10/25/05

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

#### *Documents Submitted by Requestor:*

1. DME Solutions DME/Orthotic Prescription – 10/25/05
2. Robert Henderson, MD Records and Correspondence – 10/25/05-12/1/05

#### *Documents Submitted by Respondent:*

None submitted.

### 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 physician consultant noted there is no literature to support the use of the requested pump with circulation for this patient's lumbar condition. The MAXIMUS physician consultant indicated that this intervention is experimental/investigational. The MAXIMUS physician consultant explained the literature does not support the use of a pump with circulation in cases of post surgical back pain or back pain. (van Tulder M, et al. Outcome of non-invasive treatment modalities on back pain. Eur Spine J. 2006.)

Therefore, the MAXIMUS physician consultant concluded that the requested pump for water circulation E0236-NU and pad for water circulation E0249-NU on 10/25/05 were not medically necessary for treatment of the member's condition.

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Sincerely,  
**MAXIMUS**

Lisa Gebbie, MS, RN  
State Appeals Department