



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**

<b>Type of Requestor:</b> (X) Health Care Provider ( ) Injured Employee ( ) Insurance Carrier	
Requestor=s Name and Address:  Valley Spine Medical Center 5327 South McColl Rd. Edinburg, Texas 78539	MDR Tracking No.: M5-06-1425-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address:  Liberty Mutual Fire Insurance, Box 28	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, "The therapy sessions have shown improvement and were necessary to cure and relieve the pain that the patient is experiencing."

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

Documents include the DWC 60 response. Position summary states, "Denied per peer review. Copy Attached."

**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)
5-16-05 – 5-20-05	CPT code 99212 (\$45.26 X 3 DOS)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$135.78
5-16-05 – 5-20-05	CPT code 97012, 97110, 97140	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0
	Total		\$135.78

**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 majority of the disputed medical necessity issues. The amount due the requestor for the items denied for medical necessity is \$135.78.

**PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION**

28 Texas Administrative Code Sec. 133.308 and Rule 134.202(c)(1).

**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 a refund of the paid IRO fee. The Division has determined that the requestor is entitled to reimbursement for the services involved in this dispute in the amount of \$135.78. 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:**

Donna Auby, Medical Dispute Officer

5-25-06

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

May 18, 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 #: M5-06-1425-01**  
**DWC #: \_\_\_\_\_**  
**Injured Employee: \_\_\_\_\_**  
**Requestor: Valley Spine Medical Center**  
**Respondent: Liberty Mutual**  
**MAXIMUS Case #: TW06-0076**

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 while doing heavy lifting, pulling and bending he experienced severe pain in the lumbar spine and weakness in the legs. Diagnoses included lumbar sprain/strain with radiculitis. Evaluation and treatment has included an MRI, physical therapy and medications.

#### Requested Services

Mechanical traction 97012, therapeutic exercise 97110, manual therapy technique 97140, and office visit 99212 from 5/16/05 to 5/20/05.

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

*Documents Submitted by Requestor:*

1. Valley Spine Medical Center Correspondence and Medical Records – 2/18/05-7/15/05
2. Diagnostic Studies (e.g., MRI, etc) – 5/6/05
3. Neurosurgery Records – 4/29/05

*Documents Submitted by Respondent:*

1. Retrospective Review– 6/17/05
2. Reconsideration Letter – 8/11/05
3. Valley Spine Medical Center Records and Correspondence – 2/17/05-5/20/05

Decision

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

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 the patient had MRI evidence of disc bulging and degeneration at L4-5 and L5-S1. The MAXIMUS physician consultant indicated that the patient was symptomatic and therefore required medically necessary office visits office visit 99212 from 5/16/05 to 5/20/05. The MAXIMUS physician consultant explained that mechanical traction, therapeutic exercise and manual therapy techniques were not medically necessary. The MAXIMUS physician consultant explained that the literature does not support the use of these modalities for low back pain and radiculitis. (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 Mechanical traction 97012, therapeutic exercise 97110, manual therapy technique 97140 from 5/16/05 to 5/20/05 were not medically necessary for treatment of the member's condition. The MAXIMUS physician consultant also concluded that the requested office visit 99212 from 5/16/05 to 5/20/05 were medically necessary for treatment of the member's condition.

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Sincerely,  
**MAXIMUS**

Lisa Gebbie, MS, RNState Appeals Department

