



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**

<b>Type of Requestor:</b> ( ) Health Care Provider (X) Injured Employee ( ) Insurance Carrier	
Requestors Name and Address:  Dr. Danny Bartel 1722 Ninth Wichita Falls, TX 76301	MDR Tracking No.: M5-06-1695-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address:  TX Council Risk Management, Box 43	Date of Injury:
	Employer's Name:
	Insurance Carrier's No.:

**PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY**

Position Summary states, "Peer Review states no further treatment necessary. The last EMG shows Chronic SI Radiculopathy on the left. Last MRI showed C6-7 and C4-5 small broad based posterior disk bulge – C3-4 focal disk protrusion. C5-6 disc narrowing, disc bulging."

Principle Documentation:

1. DWC-60/Table of Disputed Services/Position Summary
2. CMS-1500's
3. EOBs

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

Position Summary states, "...Based on peer Review 8-8-04, injury has resolved and additional treatment is not reasonable or necessary." 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)
7-12-05 – 9-23-05	CPT codes 62310, 20550, J1030, J3301	<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.

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. Therefore, 5-17-05 is not eligible for this review.

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  
Texas Labor Code 413.031

**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 reimbursement for the services involved in this dispute.

**Findings and Decision by:**

**Medical Dispute Officer**

7-24-06

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

# ZRC MEDICAL RESOLUTIONS

July 5, 2006

Re: MDR #: M5 06 1695 01 Injured Employee: \_\_\_  
DWC #: \_\_\_ DOI: \_\_\_  
IRO Cert. #: 5340 SS#: \_\_\_

**TRANSMITTED VIA FAX TO:**

**TDI, Division of Workers' Compensation**

Attention: \_\_\_

Medical Dispute Resolution

Fax: (512) 804-4868

**RESPONDENT: JI Specialty Services**

**TREATING DOCTOR: Danny Bartel, MD**

In accordance with the requirement for DWC to randomly assign cases to IROs, DWC assigned this case to ZRC Medical Resolutions for an independent review. ZRC has performed an independent review of the medical records to determine medical necessity. In performing this review, ZRC reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the president of ZRC Medical Resolutions, Inc. and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him 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 Independent Review Organization. Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is a board certified in Physical Medicine and Rehabilitation and is currently listed on the DWC Approved Doctor List.

We are simultaneously forwarding copies of this report to the payor and the TDI, Division of Workers' Compensation. This decision by ZRC Medical Resolutions, Inc. is deemed to be a DWC decision and order.

## 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, 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.

Sincerely,  
Jeff Cunningham, DC  
President



**REVIEWER'S REPORT**  
**M5 06 1695 01**

**Information Provided for Review:**

1. Followup and clinical examination reports from requestor Dr. Danny Bartel including documentation of injections that are the subject of this IRO.
2. Records from the respondent, Texas Council of Risk Management/J.I. Specialty Services.

**Clinical History:**

This individual was originally injured on \_\_\_ when she slipped and fell at work. Principle injury was to the left shoulder. She underwent surgery to the left shoulder with a partial acromioplasty on 09/05/96. She has subsequently been followed by Dr. Bartel, neurologist, who has treated her for ongoing chronic pain related to the left shoulder and cervical disc disease at the C6/C7 spinal level. Treatment has consisted of medication and injection treatment.

**Disputed Services:**

Injection, single, epidural or subarachnoid, cervical, thoracic (62310); injections, single tendon sheath or ligament aponeurosis (20550); injection of methylprednisolone acetate 40 mg (J1030); injection of triamcinolone acetonide per 10 mg (J3301). Dates of service were 07/12/05 and 09/23/05.

**Decision:**

I AGREE WITH THE DETERMINATION MADE BY THE INSURANCE CARRIER IN THIS CASE.

**Rationale:**

The documentation provided by Dr. Bartel indicates 2 dates on which similar services were apparently provided in his office as there was no indication of billing related to nor information related to the patient being treated in an outpatient surgical facility. The documentation for the cervical epidural steroid injection for both dates of service indicated findings of cervical radiculopathy. The injection was done without fluoroscopy, and determination of proper location was made by the "loss of resistance" method. The documentation for radiculopathy was lacking in the records reviewed, and performing the cervical epidural steroid injection should be done in connection with

fluoroscopy in order to assure proper localization of the injection. The tendon sheath injections are also the same for both dates of service. It was noted in the procedure note that “maximum tender points in the trapezius, splenius capitis, rhomboid, and levator scapulae muscles were identified by palpation.” The note goes on to indicate that the medication “was then injected into the tendon sheath of the trapezius, splenius capitis, rhomboid, and levator scapulae muscles at the maximum trigger point sites.” Based on the report, the CPT code for tendon sheath injection was not correct for what it is assumed was to be a trigger point injection, as there was mention in the diagnosis that she had myofascial pain syndrome. There is also conflict within the report that maximum trigger points (not trigger points) were identified in the tendon sheath of the right and left trapezius, splenius capitis, rhomboid, and levator scapulae muscles. If, in fact, the injection was given in the tendon sheath bilaterally for these muscle groups, this would not, in fact, be a trigger point injection. There is no indication in addition of identified trigger point activity and failure to respond to methods other than “trigger point injection.”

**Screening Criteria/Literature:**

The rationale for this report and evaluation was based on one or more of the following evidenced-based medical guidelines: American College of Occupational and Environmental Medicine, Medical Disability Adviser, and Cochran Collaboration.