



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.: M5-06-1740-01
Jeffrey Swanson, D.C. 345 Cypress Creek Rd. #103 Cedar Park, TX 78613	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address:	Date of Injury:
TX Mutual Insurance Company, Box 54	Employer's Name:
	Insurance Carrier's No.:

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Position Summary: "...He showed slow but steady progression of his condition with the combination of in-office treatment and home active care. With the use of conservative chiropractic care, we were able to avoid more invasive and costly medical procedures...."

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 statement submitted by Texas Mutual does not address the disputed issues.

Principle Documentation:

1. DWC-60/Table of Disputed Services/Position Summary
2. EOB's

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)
6-17-05 – 12-5-05	97530, 97032, 98940, 97140-59	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$0.00
6-23-05	97810	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$0.00
			\$0.00

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 and 134.1
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

8-10-06

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.

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

Date:	08/03/2006
Injured Employee:	
MDR #:	M5-06-1740-01
DWC #:	
MCMC Certification #:	TDI IRO-5294

REQUESTED SERVICES:

Please review the item(s) in dispute: 97530-Therapeutic activities, 97032-Electrical Stimulation, 98940-Chiropractic Manual Treatment, 97140-59-Manual Therapy Technique, and 97810-Acupuncture.

Dates of service: 06/17/2005-12/05/2005

DECISION: Upheld

IRO MCMCIIc (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 08/03/2006, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The medical necessity for the list of services captioned above is not established for dates of service 06/17/2005 through 12/05/2005.

CLINICAL HISTORY:

Records indicate that the above captioned individual, a 51-year-old male, reportedly sustained injures as the result of an occupational incident that was alleged to have occurred on [redacted]. The injured individual presented to the office of a chiropractic provider on 02/14/2005 complaining of pain in the low back with some radiation into the left leg. Pain levels were 3/10. A three-month course of care did not include the generation of comparative data to show ongoing therapeutic gain. An MRI dated 05/09/2005 revealed the presence of lumbar degeneration and bulging/protrusions at multiple levels with equivocal clinical significance. Apparently the initial chiropractor retired and the injured individual presented to the office of the second and current attending physician (AP) on 06/17/2005 complaining of continuing pain in the low back and leg of a 6/10 intensity. Ranges of motion were within normal limits and multiple orthopedic tests were recorded as positive. The clinical notes from the current chiropractic provider are also nearly devoid of regular comparative objective and subjective data that demonstrate ongoing progress, however from an empirical standpoint and on the basis of two references to specific VAS values, it appears that the injured individual reported progress during the course of care beginning 06/17/2005. The injured individual was released from care on or about 12/05/2005.

REFERENCES:

References utilized in this review may include but are not limited to the ACEOM Guidelines, Official Disability Guidelines, Health Care Guidelines by Milliman and Robertson Volume 7, North American Spine Society Guidelines, Texas Medical Fee Guidelines, and Procedural Utilization Guidelines.

RATIONALE:

As of 06/17/2005, the injured individual had attended some four months of chiropractic care. The initial course of care under the administration of the first chiropractic provider did not obviously yield demonstrable and quantifiable progress. The injured individual presented on 02/14/2005 with low back complaints of a 3/10 VAS. Ranges of motion were within normal limits. Some left leg pain was reported. Kemp's test was positive. Otherwise, the initial examination was within normal limits and negative for obvious significant pathology. A four-month course of chiropractic intervention was administered. There is no demonstrable or quantifiable, objective or subjective comparative data that the injured individual positively benefited from the administration of the initial course of chiropractic care. The initial clinical notes generated from the initial chiropractic course of care are devoid of comparative subjective or objective data that show progress and justify ongoing care. On 06/17/2005, the injured individual presented to the second chiropractic provider with pain of a 6/10 intensity and more positive orthopedic tests than had been initially appreciated. Given the lack of significant lasting benefit from the initial four month course of care, there would have at that point been no reasonable medical expectations that an additional course of chiropractic care would have yielded any additional therapeutic gain not already realized, demonstrated, documented or perceived. An MRI report dated 05/09/2005 was included for review. The report reflects multi-level degeneration and/or bulging and protrusions. The report further states that there was "potential" for foraminal nerve root irritation, however without other supportive testing such as neurodiagnostic (EMG) the clinical significance of the MRI findings is equivocal. Nevertheless, as of 06/17/2005, given the fact that the injured individual had previously attended four months of chiropractic intervention with no clear demonstrable and/or quantifiable progress, the medical necessity for the course of care captioned above is not established.

RECORDS REVIEWED:

- Notification of IRO Assignment dated 06/23/06
- MR-117 dated 06/23/06
- DWC-60
- DWC-53: Employee's Request to Change Treating Doctors dated 06/13/05
- DWC-69: Report of Medical Evaluation dated 12/15/05
- DWC-73: Work Status Reports dated 06/16/05, 02/14/05
- MCMC: IRO Medical Dispute Resolution Retrospective Medical Necessity dated 07/10/06
- MCMC: IRO Acknowledgment and Invoice Notification Letter dated 06/26/06

- MCMC: Invoice dated 06/27/06
- Texas Mutual: Explanation of Benefits with date of audit 12/27/05 for dates of service 06/16/05 through 11/07/05
- Cedar Park Chiropractic: Letters dated 12/08/05 (two letters) from Dr. Jeff Swanson
- Texas Mutual: Explanation of Benefits with dates of audit 12/01/05, 09/22/05
- Cedar Park Chiropractic & Acupuncture: SOAP notes dated 06/16/05 through 12/05/05 from Jeffrey Swanson, D.C.
- Handwritten office note with Blue Exam 1 date of 06/16/05 and Red Exam 2 date of 08/15/05
- Handwritten statement for the period 06/16/05 to 12/05/05
- Cedar Park Chiropractic: Patient Health Questionnaire dated 06/02/05 (handwritten)
- Cedar Park Chiropractic: HIPPA Patient Consent Form signed 06/02/05
- Cedar Park Chiropractic Clinic: Financial Office Policy signed 06/02/05
- ARA: MRI lumbar spine dated 05/09/05
- Welcome form dated 02/14/05
- Handwritten office note dated 02/14/05
- Burnet County Chiropractic Clinic: Handwritten office notes dated 02/14/05 through 05/20/05
- Austin Radiological Association: Statement dated 05/09
- Cedar Park Chiropractic: Undated Patient Confidentiality Personal Data form
- Burnet County Chiropractic Clinic: Patient information sheet
- Undated Health History
- Copy of claimant's driver's license

The reviewing provider is a Licensed/Boarded Chiropractor and certifies that no known conflict of interest exists between the reviewing Chiropractor 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

3rd day of _August_ 2006.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____

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