



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

Type of Requestor: (X) Health Care Provider () Injured Employee () Insurance Carrier

Requestors Name and Address:
David Griffith DC
800 Dolorosa
San Antonio, TX 78207

MDR Tracking No.: M5-06-2145-01

Claim No.:

Injured Employee's Name:

Respondent's Name and Address:
Texas Mutual Insurance Company
Rep Box # 54

Date of Injury:

Employer's Name:

Insurance Carrier's No.:

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Requestor's Position Summary: Per the Table of Disputed Services, the services were "Medically Necessary."

Principle Documentation:

1. DWC 60/Table of Disputed Services
2. CMS 1500's
3. Explanation of Benefits

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Respondent's Position Summary: Position Statement submitted by Texas Mutual does not address the disputed services

Principle Documentation:

1. Response to DWC-60

PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	CPT Code(s) or Description	Medically Necessary?	Additional Amount Due (if any)
08/11/05 – 09/14/05	99212-59, 99214-25, & 99213-25, 97032, 97110-59 99212-25, 99212,& 97110-GP	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$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.

Based on review of the disputed issues within the request, Medical Dispute Resolution has determined that **medical necessity was not the only issue** to be resolved. This dispute also contained fee issues that were not addressed by the IRO and will be reviewed by Medical Dispute Resolution.

On 09/15/06, Medical Dispute Resolution submitted a Notice to Requestor to submit additional documentation necessary to support the charges and to challenge the reasons the Respondent had denied reimbursement within 14 days of the Requestor's receipt of the Notice.

Dates of Service 08/08/05 and 08/09/05 per Rule 133.308 (e) (1) were untimely filed and will not be a part of the review.

CPT code 97110 GP billed for date of service 09/14/05 was denied by Respondent with denial code "42" (Charges exceed our fee schedule or maximum allowable amount) and "790" (This charge was reduced in accordance to the Texas Medical Fee Guideline). The Respondent has not made a payment. Per Rule 134.202 (d)(2) reimbursement is recommended in the amount of **\$100.38**.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

28 Texas Administrative Code Sec. 133.308, 134.1 and 134.202 (d)(2)
Texas Labor Code, Sec. 413.031 and 413.011 (a-d)

PART VII: DIVISION FINDINGS AND ORDER

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 entitled to reimbursement in the amount of **\$100.38**. In addition, the Division finds that the Requestor was not the prevailing party and is not entitled to a refund of the IRO fee. The Division hereby **ORDERS** the Respondent 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.

Order by:

10-24-06

Authorized Signature

Typed Name

Date of Findings and 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.

MATUTECH, INC.

**PO Box 310069
New Braunfels, TX 78131
Phone: 800-929-9078
Fax: 800-570-9544**

**AMENDED
October 20, 2006**

October 9, 2006

Texas Department of Insurance
Division of Workers' Compensation
Fax: (512) 804-4001

Re: Medical Dispute Resolution
MDR#: M5-06-2145-01
DWC#: _____
Injured Employee: _____
DOI: _____
IRO Certificate No. IRO5317

Matutech, Inc. has performed an Independent review of the medical records of the above-named case to determine medical necessity. In performing this review, Matutech reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

Matutech certifies that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him the provider, 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 obtained from SADI Pain Management Center, David Griffith, D.C., & Trek Mobile Diagnostics. The Independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is licensed in chiropractics and is currently on the DWC Approved Doctor list.

Sincerely,

John Kasperbauer
Matutech, Inc.

REVIEWER'S REPORT

Information provided for review:

Request for Independent Review

Information provided by SADI Pain Management Center:

Office visits (10/10/05 & 11/14/05)
Procedures (12/05/05)

Information provided by David Griffith, D.C.:

Office visits (06/13/05 - 08/07/06)
Diagnostics (06/07/05 & 06/30/06)
Procedures (07/27/05 – 02/20/06)
FCE (07/14/05)

Information provided by Trek Mobile Diagnostics:

FCE (07/14/05)

Clinical History:

This 42-year-old male was pulling a hand truck full of sodas off a ramp and started experiencing left groin pain and pain radiating to his back. The patient started treatment with David Griffith, D.C. Magnetic resonance imaging (MRI) of the lumbar spine showed anterior bulge of the disc between L3 and L4 towards the right side. Michael Kruczek, M.D., a pain management physician, noted that the patient had attended therapy for about one-and-a-half months and was using a transcutaneous electrical nerve stimulation (TENS) unit. Dr. Kruczek noted mild tenderness, spasm at the right lumbar spine, and decreased sensation to pinprick in the left calf area. He diagnosed lumbar strain/sprain, disc bulge at L3-L4, and lumbar radiculopathy; and prescribed Soma, prednisone, Fioricet, and ibuprofen. In July, a functional capacity evaluation was completed in which the patient qualified at a medium physical demand level (PDL) versus heavy PDL required by his job. The evaluator stated the patient should not return to work. Dr. Kruczek administered lumbar medial branch blocks x2 for facet joint syndrome. Dr. Griffith initiated therapy consisting of therapeutic exercise and electrical stimulation. The bills indicated that from August 11, 2005 through September 14, 2005, the patient attended six sessions of therapy.

Dr. Kruczek noted that the patient had begun experiencing left hand and thumb pain on February 28, 2005. Treatment for this had included an injection to the hand and therapy. He diagnosed de Quervain's tenosynovitis of the left wrist and administered left wrist injection on a couple of occasions. He also performed radiofrequency neural ablation in the medial branches; trigger point injections (TPIs) into the right iliocostalis and right iliolumbar region; and a left SI joint injection.

A lumbar discogram showed moderate disc degeneration at L3-L4 with a grade II annular tear and minimal disc degeneration with a posterior left annular tear at L4-L5; possible

right partial laminectomy at L4 although discontinuity of the right lamina could represent a congenital finding; mild marginal osteophytosis at the lower lumbar levels with facet and ligamentum hypertrophy; spinal canal deformity at L3-L4 and L4-L5; absolute anatomic stenosis at L5-S1; modest foraminal compromise bilaterally at L3-L4, and more significant foraminal compromise at L4-L5 and L5-S1. Dr. Gutzman recommended continuing care with Dr. Griffith and Dr. Kruczek. On October 2, 2006, Dr. Griffith provided his rationale for disputed treatment of therapy. He concluded that after an injection it was appropriate for a patient to undergo additional therapy to increase range of motion, flexibility, muscle strength, and to decrease muscle spasm, pain, and inflammation.

Disputed Services:

Office visits (99212-59/99214/99213-25), therapeutic exercises (97110-59/97110-GP), electrical stimulation (97032)

Date of Service: August 11, 2005, through September 14, 2005

Explanation of Findings:

It appears that the employee reported a work injury on ___ to his lower back. Based on the records, the employee had a prior injury on ___ to the left wrist and continued to receive treatment for that injury. MRI of the lumbar spine reported an anterior disc bulge at L3/L4 without involvement of the posterior neural elements. Injections were provided on 07/27/2005 and 08/31/2005. Designated doctor certified the employee was at maximum medical improvement on 08/12/2005. The dates of service in dispute are 08/11/05, 08/15/05, 08/16/05, 08/31/05, 09/05/05, 09/13/05, and 09/14/05 involving E/M services and therapeutic exercises. The employee appears to have been laid off work on 11/29/2005.

Conclusion/Decision To Uphold, Overturn or Partially Uphold/Overturn denial:

Uphold denial

Applicable Clinical of Scientific Criteria or Guidelines Applied in Arriving at Decision:

It is a requirement of the provider to adequately document the need for supervised 1:1 physical therapy in addition to adequately documented exercise logs and clinical rationale supporting the requirement for 1:1 supervised exercises versus less intensive methods in addition to obtaining the appropriate pre-authorizations. There was no documentation provided to me regarding the specifics of the services in dispute provided post injections. In addition, there was no documentation in the records reviewed that indicated the services were pre-authorized as per the TDI-DWC rules prior to utilization. Without adequate documentation of the services provided, there is no basis of support for the treatment.

The physician providing this review is a doctor of chiropractic. The reviewer is national board certified in chiropractic. The reviewer has been in active practice for 22 years.

Matutech is forwarding this decision by mail and in the case of time sensitive matters by facsimile to the Texas Department of Insurance, Division of Workers Compensation.

Matutech retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by Matutech clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the Utilization Review Accreditation Commission (URAC), and/or other state and federal regulatory requirements.

The written opinions provided by Matutech represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to Matutech for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Matutech assumes no liability for the opinions of its contracted physicians and/or clinician advisors the health plan, organization or other party authorizing this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

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.