



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:

Nestor Martinez, D.C.
6660 Airline Dr.
Houston, TX 77076

MDR Tracking No.: M5-07-0022-01

Claim No.:

Injured Employee's Name:

Respondent's Name and Address:

TEXAS MUTUAL INSURANCE CO., BOX 54

Date of Injury:

Employer's Name:

Insurance Carrier's No.:

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Position summary states, "Please be advised that Pain and Recovery Clinic of North Houston files this Request for Medical Resolution. Please address all future correspondence regarding this matter to the address above."

Principle Documentation:

1. DWC-60/Table of Disputed Service
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.

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)
9-1-05 – 11-30-05	97140 (\$33.94 x 74 units)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$2,511.56
10-03-05, 11-2-05	99212 (\$49.41 x 2 DOS)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$98.82
11-2-05 – 11-30-05	97112 (\$37.78 x 13 units)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$491.14
11-4-05 – 11-30-05	97110 (\$35.86 x 26 units)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$932.36
	Total Due		\$4,033.88

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.

REQUESTOR: Nestor Martinez, DC

TREATING DOCTOR: Dean McMillan, MD

In accordance with the requirement for DWC to randomly assign cases to IROs, DWC assigned this case to IRI for an independent review. IRI has performed an independent review of the medical records to determine medical necessity. In performing this review, IRI 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 office manager of Independent Review, 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 chiropractor with 15 years experience who is currently listed on the DWC Approved Doctor List.

This decision by Independent Review, 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

Office Manager **P.O. Box 855**
Sulphur Springs, TX 75483
903.488.2329 * 903.642.0064 (fax)

I N D E P E N D E N T R E V I E W I N C O R P O R A T E D

REVIEWER'S REPORT
M5 07 0022 01

MEDICAL INFORMATION REVIEWED:

1. DWC Assignment
2. Records of Dean McMillan, MD
3. Records of Nestor Martinez, DC
4. MRI
5. EMG/NCV report of Inmad Husaini, MD

BRIEF CLINICAL HISTORY:

The patient was working as a tree trimmer when he fell backwards after accidentally cutting the rope that was retaining him. Records indicate he fell backwards about 15 feet and landed on his back. He was initially treated by a company doctor who examined him and performed X-rays. The doctor took him off work and gave him medication, but no physical therapy of any kind. In August of 2005, he went to the office of Dr. Dean McMillan and was given a thorough examination and was noted to be in "moderate to severe distress". Dr. McMillan prescribed passive care for the initial phase of treatment and active care for the second phase of care and a treatment plan was created on that visit. The patient was prescribed Motrin 600, Flexeril 10 mg, and Darvocet 100mg. He was referred to North Houston Imaging Center for a lumbar study, which was notable for an old fracture of

L2, likely a compression fracture, as well as a 2 mm broad disc bulge with bilateral recess stenosis (slight to moderate). There was also a 2.5 mm herniation at L5/S1 with a left lateral stenosis. EMG/NCV were negative and demonstrated no radiculopathy.

The records indicate that the patient responded well to treatment by Timothy Meekins, LPT and that the patient was also treated with ESI therapy by Dr. Shanti during the rehabilitation period as well as afterward. One disturbing note in the ESI therapy surgical report is that he was being treated for a radiculopathy, which clearly was not the case, as Dr. Shanti himself performed the EMG/NCV. However, this has little to do with the physical medicine in dispute at juncture.

Records of the PT indicate that the patient's pain continually dropped and was lowered regularly with both passive and active therapy. On occasion there was increase in pain, but it responded well to the therapies rendered.

DISPUTED SERVICES:

The carrier has denied the medical necessity of 97140-manual therapy, 99212-office visits, 97110-therapeutic exercises, and 97112-neuromuscular re-education from September 1, 2005 through November 30, 2005.

DECISION:

I DISAGREE WITH THE DETERMINATION MADE BY THE INSURANCE CARRIER ON THIS CASE.

RATIONALE OR BASIS FOR DECISION:

The treatment plan rendered by Dr. McMillan was carried out by the therapists and the chiropractor on this case in a manner that is consistent with guidelines that would address such a serious injury. It must be noted that the patient did indeed improve over this period of time, although not completely healing. When a patient falls 15 feet and lands on his back, many of those injuries can be life-threatening, but this patient's efforts at recovery were noted in the records and he gave significant effort during his therapy. As long as a patient is making progress, the patient should not discontinue what is working for him/her. Therefore, it is the reviewers opinion that the care rendered was reasonable and necessary for recovery and return to work.

SCREENING CRITERIA/TREATMENT GUIDELINES

TCA, Mercy Center guidelines