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

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

Requestor=s Name and Address:	MDR Tracking No.: M5-07-0066-01
Nestor Martinez, D.C. 6660 Airline Dr. Houston, TX 77076	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address:	Date of Injury:
Texas Mutual Insurance Company, Box 54	Employer's Name:
	Insurance Carrier's No.:

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Position Summary: "Please be advised that Pain and Recovery Clinic of North Houston files this Request for Medical Resolution."

Principle Documentation:

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

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

No response was received from the Respondent.

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)
8-25-05 – 10-07-05	99212, 97140, 97110 ,97032	☐ Yes ☒ No	$0.00
	Total Due		$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. No reimbursement recommended.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

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

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 reimbursement of the IRO fee and is not entitled to reimbursement for the services involved in this dispute.

Findings and Decision by:

	Medical Dispute Officer	01-25-07
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.

MAXIMUS

January 8, 2007
December 7, 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 #: M5-07-0066-01

DWC #:
Injured Employee:
Requestor: Nestor Martinez, DC
Respondent: Texas Mutual Insurance Company
MAXIMUS Case #: TW06-0140

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 chiropractor on the MAXIMUS external review panel who is familiar with the condition and treatment options at issue in this appeal. This case was also reviewed by a practicing chiropractor 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 have been approved as an exception to the ADL requirement. A certification was signed that the reviewing chiropractic 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 chiropractic reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns an adult female who sustained a work related injury on . The case file records indicate that while working as a janitor she was lifting a 25-30 pound heavy bag of trash when she experienced sudden low back pain. Diagnoses have included lumbar radiculitis, persistent back pain and canal stenosis. Evaluation and treatment for this injury has included physical therapy, psychotherapy, MRI, medications, electromyography and nerve conduction velocity study.

Requested Services

97112-neuromuscular re-education, 99212-office visits, 97140-manual therapy technique, 97110-therapeutic exercises, 97032-electrical stimulation from 8/25/05-10/7/05.

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

Documents Submitted by Requestor:

1. Records and Correspondence from Pain & Recovery Clinic of North Houston – 7/14/05-10/20/05
2. North Houston Imaging Center – 7/21/05, 8/30/05
3. Southwest Orthopedic Group – 12/5/05
4. Shanti Pain & Wellness Clinic, PA Records – 10/7/05-11/18/05
5. Designated Doctor Evaluation – 1/16/06
6. Robert L. Brownhill, MD Correspondence – 2/7/06

Documents Submitted by Respondent:

1. Pain & Recovery Clinic of North Houston Records – 6/30/05-10/6/05

Decision

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

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 chiropractor consultant indicated the patient had undergone 2 months of therapy including neuromuscular re-education (97112), therapeutic exercise (97110), manual therapy (97140) and neuromuscular re-education (97112) as well as passive therapy (97032) and a brief office visit with no documented objective or subjective improvement. The MAXIMUS chiropractor consultant noted the patient then went another 2 more months of the same care again with no appreciable improvement. The MAXIMUS chiropractor consultant also noted she made no subjective or objective improvement after the third and fourth month as well. The MAXIMUS chiropractor consultant explained that the daily progress notes are virtually the same each day with no change in objective findings. The MAXIMUS chiropractor consultant indicated that many times the therapy made her feel worse. The MAXIMUS chiropractor consultant noted that the patient could have done most of the exercises at home without one-on-one supervision after 2 months of care. The MAXIMUS chiropractor consultant indicated that the patient got more temporary relief from the pain medications than from

physical therapy. The MAXIMUS chiropractor consultant noted that the patient does not want to undergo surgery or injections but this does not mean she should continued therapy without a steady improvement in her condition. (Mercy Guidelines, Haldeman, 1993. American College of Occupational and Environmental Medicine Guidelines, 2003.)

Therefore, the MAXIMUS physician consultant concluded that the 97112-neuromuscular re-education, 99212-office visits, 97140-manual therapy technique, 97110-therapeutic exercises, 97032-electrical stimulation from 8/25/05-10/7/05 was not medically necessary for treatment of the member's condition.

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Sincerely,
MAXIMUS

Lisa Gebbie, MS, RN
State Appeals Department
50 Square Drive, Suite 210 | Victor, New York 14564 | Voice: 585-425-2580 | Fax: 585-425-5296