



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 Dispute

PART I: GENERAL INFORMATION

Type of Requestor: (X) Health Care Provider () Injured Employee () Insurance Carrier	
Requestor's Name and Address:	MDR Tracking No.: M5-07-0375-01 (current tracking number) M5-07-0029-01 (former tracking number)
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: Amerisure Mutual Insurance Company Rep Box # 47	Date of Injury:
	Employer's Name:
	Insurance Carrier's No.:

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Requestor's Position Summary: The Requestor did not submit a Position Summary to MDR.

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: The Respondent did not submit a Position Summary to MDR.

Principle Documentation: No response submitted to MDR by the Respondent

PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	CPT Code(s) or Description	Medically Necessary?	Additional Amount Due (if any)
10-28-05 to 11-28-05	97110, 97140, 97112, 99212 and 97032	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

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

PART VII: DIVISION FINDINGS AND 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 and is not entitled to a refund of the paid IRO fee.

Findings and Decision by:

01-09-07

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.



CompPartners Final Report ACCREDITED
EXTERNAL REVIEW

CompPartners Peer Review Network
Physician Review Recommendation
Prepared for TDI/DWC

Claimant Name: Texas IRO # :
MDR #: M5-07-0029-01
Social Security #:
Treating Provider: Dean McMillian, MD
Review: Chart
State: TX
Date Completed: 12/4/06

Review Data:

- Notification of IRO Assignment dated 10/13/06, 1 page.
- Receipt of Request dated 10/13/06, 1 page.
- Medical Dispute Resolution Request/Response dated 9/5/06, 2 pages.
- Table of Disputed Services dated 11/28/05, 11/23/05, 11/22/05, 11/21/05, 11/18/05, 11/16/05, 11/15/05, 11/11/05, 11/9/05, 11/7/05, 11/4/05, 11/2/05, 10/31/05, 10/28/05, 4 pages.
- List of Treating Providers (date unspecified), 1 page.
- Explanation of Review dated 11/28/05, 11/23/05, 11/22/05, 11/21/05, 11/18/05, 11/16/05, 11/15/05, 11/11/05, 11/9/05, 11/7/05, 11/4/05, 11/2/05, 10/31/05, 10/28/05, 6 pages.

- Visit Summary dated 4/19/05, 4/12/05, 2 pages.
- Texas Workers' Compensation Work Status Report dated 8/3/06, 7/19/06, 7/5/06, 5/31/06, 3/29/06, 3/1/06, 2/1/06, 1/4/06, 12/1/05, 10/25/05, 9/20/05, 8/10/05, 7/19/05, 6/15/05, 5/25/05, 5/19/05, 4/19/05, 4/12/05, 20 pages.
- Lumbar Spine X-ray dated 4/25/05, 4/12/05, 2 pages.
- Request for Payment of Independent Review Organization Fee dated 11/13/06, 1 page.
- Article on Transforaminal Epidural Steroid Injection in Lumbosacral Radiculopathy (date unspecified), 9 pages.
- Follow-up Note dated 12/2/05, 11/18/05, 11/4/05, 10/7/05, 9/9/05, 8/26/05, 8/12/05, 7 pages.
- Lumbar Transforaminal with Catheter right L5 dated 12/8/05, 11/10/05, 9/8/05, 9 pages.
- Daily Progress Note dated 1/13/06, 1/11/06, 1/10/06, 1/4/06, 1/3/06, 1/2/06, 12/29/05, 12/28/05, 12/27/05, 12/22/05, 12/21/05, 12/19/05, 12/16/05, 12/13/05, 12/12/05, 11/28/05, 11/23/05, 11/22/05, 11/21/05, 11/18/05, 11/16/05, 11/15/05, 11/11/05, 11/9/05, 11/7/05, 11/4/05, 11/2/05, 10/31/05, 10/28/05, 10/27/05, 10/25/05, 10/21/05, 10/19/05, 10/17/05, 10/14/05, 10/12/05, 10/11/05, 10/7/05, 10/5/05, 10/3/05, 9/14/05, 9/13/05, 9/9/05, 9/7/05, 9/6/05, 9/2/05, 8/31/05, 8/29/05, 8/26/05, 8/24/05, 8/22/05, 8/17/05, 8/15/05, 8/12/05, 8/11/05, 8/8/05, 8/5/05, 8/3/05, 8/1/05, 7/29/05, 7/28/05, 7/25/05, 7/1/05, 6/29/05, 6/27/05, 6/24/05, 6/22/05, 6/20/05, 68 pages.
- Functional Capacity Assessment dated 11/30/05, 7/21/05, 5/31/05, 31 pages.
- Functional Abilities Evaluation dated 4/9/05, 13 pages.
- Subsequent Medical Report dated 3/1/06, 2/1/06, 1/4/06, 12/1/05, 10/25/05, 9/20/05, 8/18/05, 7/19/05, 5/19/05, 22 pages.
- Letter dated 4/25/06, 3/16/06, 9/20/05, 5/9/05, 5 pages.
- Medical Record Review dated 7/24/05, 5 pages.
- Initial Medical Report dated 4/19/05, 2 pages.
- Prescription dated 3/29/06, 9/1/05, 8/18/05, 6/15/05, 5/30/05, 5/11/05, 5/9/05, 5/31/00, 8 pages.
- Patient Information dated 11/10/05, 9/8/05, 4 pages.
- Report of Medical Evaluation dated 4/3/06, 3/14/06, 8/9/05, 18 pages.
- Required Medical Examination dated 7/6/06, 8/10/05, 20 pages.
- Designated Doctor Evaluation dated 8/9/05, 6 pages.
- Closure Report dated 7/1/05, 2 pages.
- Physical Therapy Progress Note dated 4/9/05, 2 pages.
- Assessment/Physical Examination dated 5/13/05, 4 pages.
- Progress Report dated 4/25/05, 3 pages.
- Letter of Medical Necessity (date unspecified), 3 pages.
- SOAP Note dated 8/3/06, 7/19/06, 7/5/06, 5/31/06, 3/29/06, 4 pages.
- Group Session Monitoring Form dated 4/25/06, 4/20/06, 4/13/06, 4/8/06, 3/30/06, 5 pages.
- Laboratory Results dated 6/8/06, 6/2/06, 5/31/06, 5/25/06, 5/23/06, 5/18/06, 5/16/06, 5/10/06, 5/8/06, 5/4/06, 10 pages.
- Pain Management Group Session Monitoring Form dated 6/8/06, 6/7/06, 6/6/06, 6/2/06, 6/1/06, 5/31/06, 5/26/06, 5/25/06, 5/24/06, 5/23/06, 5/18/06, 5/17/06, 5/16/06, 5/12/06, 5/11/06, 5/10/06, 5/9/06, 5/8/06, 5/5/06, 5/4/06, 20 pages.
- Daily Activity Sheet dated 6/8/06, 6/7/06, 6/6/06, 6/2/06, 6/1/06, 5/31/06, 5/26/06, 5/25/06, 5/24/06, 5/23/06, 5/18/06, 5/17/06, 5/16/06, 5/12/06, 5/11/06, 5/10/06, 5/9/06, 5/8/06, 5/5/06, 5/4/06, 20 pages.
- Massage Therapy Sessions dated 6/7/06, 6/6/06, 6/1/06, 5/26/06, 5/24/06, 5/17/06, 5/11/06, 5/9/06, 5/5/06, 9 pages.
- Fitting and Patient Acceptance Form dated 5/9/05, 1 page.
- Drug Testing Custody and Control Form dated 11/12/05, 2 pages.
- Independent Review Organization Summary dated 3/28/06, 5 pages.
- Case Review dated 7/5/06, 5/22/06, 1/6/06, 12/20/05, 12/19/05, 10 pages.
- Fax Cover Sheet dated 3/16/06, 1 page.
- Anesthesia Record dated 12/8/05, 11/10/05, 9/8/05, 3 pages.
- Mental Health Evaluation dated 4/25/06, 6 pages.
- Health Insurance Claim Form dated 7/6/06, 1 page.
- Medical Report dated 4/3/06, 2 pages.

Reason for Assignment by TDI/DWC: Determine the appropriateness of the previously denied request for:

1. (97110-NC) Therapeutic exercise.
2. (97140-NC) Manual Therapy.
3. (97112-NC) Neuromuscular re-education.
4. (99212-NC) Office visit.
5. (97032-NC) Electrical stimulation.

Dates of service: 10/28/05 through 11/28/05.

Determination: UPHeld – the previously denied request for:

1. (97110-NC) Therapeutic exercise.
2. (97140-NC) Manual Therapy.
3. (97112-NC) Neuromuscular re-education.
4. (99212-NC) Office visit.
5. (97032-NC) Electrical stimulation.

Dates of service: 10/28/05 through 11/28/05.

Rationale:

Patient's age: 26 years

Gender: Male

Date of Injury: 4/9/05

Mechanism of Injury: Pushing an engine that weighed four hundred pounds, and felt low back pain.

Diagnosis: Lumbar strain.

The claimant is a 24-year-old male with an injury to his low back and diagnosed as a lumbar strain reported on when he was pushing an engine that weighed four hundred pounds and developed low back pain. X-rays on 04/12/05, showed a mild left scoliosis, with vertebral and disc space heights well maintained. He was seen on 04/12/05 for low back pain that radiated to the right buttock. On examination, there was limited motion with tenderness, but the examination was otherwise normal. He was diagnosed with a lumbar strain and treated with work restrictions and medications. On 04/25/05, a lumbar MRI showed a two millimeter bulge at L4-5, with a fifty percent right neural foraminal stenosis. This reviewer cannot recommend the items in dispute, the (97110-NC, 97120-NC, 97112-NC, 99212-NC and 97032-NC), as being medically necessary. The claimant had reached maximum medical improvement. The Required Medical Examination that was done on 08/10/05, indicated that the claimant did not require any further treatment. There was no evidence that any of this treatment was indicated or necessary. The patient had extensive treatment by **that date, by 10/28/05** and there was no documentation to support that the treatment between 10/28/05 and 11/28/05 was reasonable or necessary.

Criteria/Guidelines utilized: TDI/DWC Rules and Regulations.

Official Disability Guidelines Fourth Edition Treatment in Worker's Comp, Low Back; pp 820 and 823.

Physician Reviewers Specialty: Orthopedic Surgery

Physician Reviewers Qualifications: Texas Licensed M.D. and is also currently listed on the TDI/DWC ADL list.

CompPartners, Inc. hereby certifies that the reviewing physician or provider has certified that no known conflicts of interest exist 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 the decision before the referral to CompPartners, Inc.

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.

In accordance with Division Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, requestor, claimant and the Division via facsimile or U.S.

Postal Service from the office of the IRO on this

day of 12 / 4 / 2006. Signature of IRO Employee: