



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	
Requestor's Name and Address: David V. Dent, D.O., P.A. P O BOX 362 Palestine, Texas 75802	MDR Tracking No.: M5-07-0390-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: Dallas National Insurance Company Rep Box # 20	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 "Carrier denial of services as unnecessary medical is direct violation of Rule 134.600. These services were preauthorized for medically necessary treatment to relieve ...by compensable injury."

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: "Further, Carrier's position that the services were medically unnecessary is based on the Peer Review report of Dr. Dorothy Leong dated September 19, 2005. The Peer Review was done prior to the dates of service..."

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)
02-01-06	76005-59	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$0.00
02-03-06	97001	<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.

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 01-12-2007, 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.

CPT code 62311 billed for dates of service 12-21-05 and 02-01-06 was denied by the Respondent with denial code "50" (these are non-covered services because this is not deemed a 'medical necessity' by the payer). The Requestor obtained preauthorization for the services prior to the services being provided (preauthorization numbers 40289 and 40433 respectively). The Respondent is in violation of Rule 134.600(b)(B) which states "the carrier is liable for all reasonable and necessary medical costs relating to the health care: preauthorization of any health care listed in subsection (h) of this section was approved prior to providing the health care" and Rule 133.301(a) which states ... "The insurance carrier shall not retrospectively review the medical necessity of a medical bill for treatment(s) and/or service(s) for which the health care provider has obtained preauthorization under Chapter 134..." Reimbursement is recommended in the amount of **\$316.04 (DOS 12-21-05) and \$316.46 (DOS 02-01-06)** per Rule 134.202(c)(1).

CPT code 72275-59 billed for date of service 12-21-05 was denied by the Respondent with denial code "50" (these are non-covered services because this is not deemed a 'medical necessity' by the payer). The Requestor obtained preauthorization for the service prior to the service being provided (preauthorization number 40289-IC). The Respondent is in violation of Rule 134.600(b)(B) which states "the carrier is liable for all reasonable and necessary medical costs relating to the health care: preauthorization of any health care listed in subsection (h) of this section was approved prior to providing the health care" and Rule 133.301(a) which states ... "The insurance carrier shall not retrospectively review the medical necessity of a medical bill for treatment(s) and/or service(s) for which the health care provider has obtained preauthorization under Chapter 134..." Reimbursement is recommended in the amount of **\$162.76** per Rule 134.202(d)(2).

CPT code 97110-GP (2 units) billed for date of service 02-27-06 was denied by the Respondent with denial code (these are non-covered services because this is not deemed a 'medical necessity' by the payer). The Requestor obtained preauthorization for the service prior to the service being provided (preauthorization number 40487). The Respondent is in violation of Rule 134.600(b)(B) which states "the carrier is liable for all reasonable and necessary medical costs relating to the health care: preauthorization of any health care listed in subsection (h) of this section was approved prior to providing the health care" and Rule 133.301(a) which states ... "The insurance carrier shall not retrospectively review the medical necessity of a medical bill for treatment(s) and/or service(s) for which the health care provider has obtained preauthorization under Chapter 134..." Reimbursement is recommended in the amount of **\$71.72 (1 unit @ \$35.86 X 2 units)** per Rule 134.202(c)(1).

CPT code 97124-GP (1 unit) billed for date of service 02-27-06 was denied by the Respondent with denial code (these are non-covered services because this is not deemed a 'medical necessity' by the payer). The Requestor obtained preauthorization for the service prior to the service being provided (preauthorization number 40487-IC). The Respondent is in violation of Rule 134.600(b)(B) which states "the carrier is liable for all reasonable and necessary medical costs relating to the health care: preauthorization of any health care listed in subsection (h) of this section was approved prior to providing the health care" and Rule 133.301(a) which states ... "The insurance carrier shall not retrospectively review the medical necessity of a medical bill for treatment(s) and/or service(s) for which the health care provider has obtained preauthorization under Chapter 134..." Reimbursement is recommended in the amount of **\$24.66** per Rule 134.202(d).

CPT code G0283 (1 unit) billed for date of service 02-27-06 was denied by the Respondent with denial code (these are non-covered services because this is not deemed a 'medical necessity' by the payer). The Requestor obtained preauthorization for the service prior to the service being provided (preauthorization number 40487-IC). The Respondent is in violation of Rule 134.600(b)(B) which states "the carrier is liable for all reasonable and necessary medical costs relating to the health care: preauthorization of any health care listed in subsection (h) of this section was approved prior to providing the health care" and Rule 133.301(a) which states ... "The insurance carrier shall not retrospectively review the medical necessity of a medical bill for treatment(s) and/or service(s) for which the health care provider has obtained preauthorization under Chapter 134..." Reimbursement is recommended in the amount of **\$14.56** per Rule 134.202(c)(1).

A Legal and Compliance referral will be made as the Respondent is in violation of Rule 133.301(a).

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

28 Texas Administrative Code Sec. 133.308, 134.1, 134.202(c)(1), 134.202(d)(2), 134.600(b)(B) and 133.301(a)
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 \$906.20. 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.

Findings and Order by:

03-12-07

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.

MEDICAL REVIEW OF TEXAS

[IRO #5259]

10817 W. Hwy. 71
Phone: 512-288-3300

Austin, Texas 78735
FAX: 512-288-3356

NOTICE OF INDEPENDENT REVIEW DETERMINATION

TDI-WC Case Number:	
MDR Tracking Number:	M5-07-0390-01
Name of Patient:	
Name of URA/Payer:	David O. Dent, DO
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician: (Treating or Requesting)	David O. Dent, DO

February 14, 2007

An independent review of the above-referenced case has been completed by a physician board certified in neurology. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on the Division of Workers' Compensation Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

Sincerely,

Michael S. Lifshen, MD
Medical Director

cc: Division of Workers' Compensation

DOCUMENTS REVIEWED

- Letter from Louis & Backhaus, PC dated 1/22/07
- Independent medical review of medical records dated 9/19/05 by Dorothy Leong, MD
- Medical records from David Dent, DO
- Physical therapy evaluations from Advocate Pain Management

CLINICAL HISTORY

A 48-year-old male who slipped and fell while loading on _____. The patient was seen initially on 10/10/02 with the diagnosis of contusion of the back and buttock. X-rays of the lumbar spine were negative. Initial neurological exam intact. Referred to physical therapy with diagnosis of lumbar derangement syndrome. Ongoing complaints of pain. MRI of the lumbar spine showed mild disc desiccation at L3-4 and L4-5 on 1/3/03 with no evidence of neural foraminal encroachment. Central canal was patent from L3 through S1. The patient has undergone several lumbar ESIs and S1 joint injections and a percutaneous lumbar discectomy on 10/21/03. Maximal medical improvement was dated 1/9/04. EMG/NCV performed 3/15/03 reported findings suggestive of left S1 radiculopathy. Pain initially reported as 8/10 on 10/17/02 and 8/10 on 8/10/05.

REQUESTED SERVICE(S)

Fluoroscopically guided and localized contrast enhanced epidural steroid injections (76005-59) and physical therapy evaluation (97001).

DECISION

Denied.

RATIONALE/BASIS FOR DECISION

The patient has already had at least three lumbar epidural steroid injections. The patient has had maximum medical improvement as of 1/9/04. This reviewer agrees with the medical record reviewer that, although epidural steroid injections may afford short-term improvement and leg pain and sensory deficits in the patient with sciatica due to a herniated nucleus pulposus this treatment does not offer any significant long-term functional benefit. The number of injections should be limited to two or three at most. This type of treatment offers an option for only short-term relief of radicular pain. There is little of any documentation of lumbar radiculopathy. The patient's original MRI scan of January of 2003 had no suggestion at all of lumbosacral radiculopathy. The findings on examination, even the patient's latest examination supplied, did not document any consistent finding of specific lumbosacral radiculopathy. The patient has had extensive and exhaustive treatment without any improvement documented in his pain level.

Certification of Independence of Reviewer

As the reviewer of this independent review case, I do hereby certify that I have no known conflicts of interest between the 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.

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.

Chief Clerk of Proceedings
Division of Workers' Compensation
P.O. Box 17787
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Cindy Mitchell