



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:

Rehab 2112
 P. O. Box 671342
 Dallas, TX 75267-1342

MDR Tracking No.:

M5-07-0672-01

Claim No.:

Injured Employee's Name:

Respondent's Name and Address:

AMERICAN HOME ASSURANCE CO, BOX 19

Date of Injury:

Employer's Name:

Insurance Carrier's No.:

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Position summary (Table of Disputed Services) states, "Services were medically necessary."

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 summary states, "... The previous bills were reviewed as unnecessary medical based on the physician retrospective review and denied with ANSI '50.' No additional reimbursement is recommended."

Principle Documentation:

1. DWC-60/Table of Disputed Service
2. CMS-1500's
3. EOBs

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)
8-8-06 – 8-23-06	97545-WH-CA (\$128.00 x 7 days)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$896.00
8-8-06 – 8-23-06	97546-WH-CA, 97546-WH-CA-59-52 (\$64.00 hr. x 27.25 units)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$1,744.00
	Total Due		\$2,640.00

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 prevail on the disputed medical necessity issues. Per Rule 134.202(c)(1) the amount due the Requestor for the items denied for medical necessity is \$2,640.00.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

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

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 carrier must refund the amount of the IRO fee (\$460.00) to the Requestor within 30 days of receipt of this order. The Division has determined that the Requestor is entitled to additional reimbursement in the amount of \$2,640.00. 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.

Decision and Order by:

03-19-07

Authorized Signature

Typed Name

Date

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.

SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.
7502 GREENVILLE AVENUE
SUITE 600
DALLAS, TEXAS 75231
(214) 750-6110
FAX (214) 750-5825

Notice of Independent Review Decision

AMENDED REPORT

SENT TO: Texas Department of Insurance
DWC
Fax: 512-804-4868

—
Ms. Neicey Whitaker
Rehab 2112
P. O. Box 671342
Dallas, TX 75267-1342

Ms. Raina Robinson
American Home Assurance Company/ARCM
P. O. Box 115114
Carrollton, TX 75011-5114

Inson Stoltz, D.C.
1504 Pennsylvania Ave.
Fort Worth, TX 76104

March 14, 2007
February 27, 2007

RE: MDR Tracking #: M5-07-0672-01
Name: _____
Coverage Type: Workers' Compensation Health Care (Non-network)
Type of Review:
 Preauthorization or Concurrent Review
 Retrospective Review
Prevailing Party:
 Requestor
 Carrier

Southwest Medical Examination Services, Inc. has been certified, certification number IRO Cert # IRO 5313, by the Texas Department of Insurance (TDI) as an Independent Review Organization (IRO). TDI has assigned this case to the IRO for independent review in accordance with the Texas Insurance Code, the Texas Labor Code and applicable regulations.

The IRO has performed an independent review of the proposed/rendered care to determine if the adverse determination was appropriate. In the performance of the review, the IRO reviewed the medical records and documentation provided to the IRO by involved parties.

This case was reviewed by a physician who is certified in the area of chiropractic. The reviewer has signed a certification statement stating that no known conflicts of interest exist between the reviewer and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent (URA), any of the treating doctors or other health care providers who provided care to the injured employee, or the URA or insurance carrier health care providers who reviewed the case for a decision regarding medical necessity before referral to the IRO. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

As an officer of Southwest Medical Examination Services, Inc. I certify that:

1. There is no known conflict between the reviewer, the IRO and/or any officer/ employee of the IRO with any person or entity that is a party to the dispute, and
2. A copy of this IRO decision was sent to all of the parties via U.S. Postal Service or otherwise transmitted in the manner indicated above on February 27, 2007.

Right to Appeal

You have the right to appeal the decision by seeking judicial review. The decision of the IRO is binding during the appeal process.

For disputes *other than* those related to prospective or concurrent review of spinal surgery the appeal must be filed:

- 1) Directly with a district court in Travis County (see Labor Code §413.031(m), and
- 2) Within thirty (30) days after the date on which the decision is received by the appealing party.

For disputes related to *prospective or concurrent review of spinal surgery*, you may appeal the IRO decision by requesting a Contested Case Hearing (CCH). A request for a CCH must be in writing and received by the Division of the Workers' Compensation, Division Chief Clerk, within ten (10) days of your receipt of this decision.

Sincerely,

John Turner
Vice President

MDR Tracking #: M5-07-0672-01
March 14, 2007
February 27, 2007
Page 4 of 8

DATE OF REVIEW: February 27, 2007

IRO CASE #: MDR TRACKING #: M5-07-0672-01

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Work Hardening/Conditioning (97545-WHCA), Work Hardening-each additional hour (97546-WH-CA and 97546-WH-CA-59-52). Dates of Service: August 8, 2006 to August 23, 2006.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

Diplomate of the American Chiropractic Neurology Board

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Medical records from the Requestor include:

- Harris Methodist Fort Worth, ____, 12/19/05
- CareNow, 12/19/05, 12/26/05, 01/06/06, 01/13/06
- North Texas MRI Open Air, 09/13/05, 01/18/06, 01/24/06
- Inson Stoltz, D.C., 01/17/06, 01/18/06, 01/19/06, 01/21/06, 01/23/06, 01/24/06, 01/25/06, 01/26/06, 01/27/06, 01/30/06, 01/31/06, 02/01/06, 02/02/06, 02/06/06, 02/07/06, 02/08/06, 02/09/06, 02/13/06, 02/14/06, 02/15/06, 02/16/06, 02/17/06, 02/20/06, 02/21/06, 02/23/06, 02/27/06, 03/01/06, 03/02/06, 03/06/06, 03/07/06, 03/08/06, 03/09/06, 03/15/06, 03/22/06, 03/29/06, 04/04/06, 04/12/06, 04/19/06, 04/27/06, 04/28/06, 05/03/06, 05/10/06, 05/12/06, 05/15/06, 05/22/06, 05/31/06, 06/07/06, 06/13/06, 06/21/06, 06/28/06, 06/29/06, 07/6/06, 07/07/06, 07/14/06, 08/02/06, 08/09/06, 08/24/06, 01/08/07
- Lonestar Radiology, 01/17/06
- Metroplex Diagnostics, 01/18/06, 01/25/06
- Magnolia Workskills, 01/26/06, 03/02/06, 03/06/06, 03/07/06, 03/09/06, 03/15/06, 03/22/06, 03/29/06, 04/04/06, 04/12/06, 04/19/06, 04/27/06, 05/03/06
- Andrew W. Houtz, Ph.D., 02/16/06
- Francisco J. Battle, M.D., 02/27/06, 06/12/06
- Advanced Imaging, 03/02/06, 03/23/06, 04/13/06, 04/27/06, 05/25/06, 06/15/06
- Kyle Babick, Ph.D., 07/06/06
- Kenneth F. Wise, Psy.D., 07/07/06
- Rehab 2112, 07/06/06, 07/10/06, 07/11/06, 07/12/06, 07/13/06, 07/14/06, 07/17/06, 07/18/06, 07/19/06, 07/20/06, 07/21/06, 07/24/06, 07/25/06, 07/26/06, 07/27/06, 07/28/06, 07/31/06, 08/01/06, 08/02/06, 08/03/06, 08/04/06, 08/07/06, 08/08/06, 08/09/06, 08/10/06, 08/11/06, 08/14/06, 08/15/06, 08/16/06, 08/17/06, 08/18/06, 08/21/06, 08/22/06, 08/23/06, 08/24/06, 08/29/06
- Farid Aminzadeh, D.C., 09/12/06
- Gerri Souder, D.C., 08/15/06, 08/16/06, 08/17/06, 08/18/06, 08/28/06, 10/20/06
- Texas Department of Insurance, undated

Medical records from the Respondent include:

- Employer's First Report of Injury or Illness, ____
- Inson Stoltz, D.C., 09/07/05, 09/08/05, 09/09/05, 09/10/05, 09/12/05, 09/14/05, 09/15/05, 09/16/05, 09/18/05, 09/19/05, 09/20/05, 09/21/05, 09/22/05, 09/23/05, 09/26/05, 09/28/05, 09/29/05, 09/30/05, 10/04/05, 10/13/05,

10/18/05, 10/19/05, 10/25/05, 10/26/05, 10/28/05, 11/01/05, 11/02/05, 11/03/05, 11/04/05, 11/07/05, 11/09/05, 11/10/05, 11/17/05, 01/17/06, 01/18/06, 01/19/06, 01/21/06, 01/23/06, 01/24/06, 01/25/06, 01/26/06, 01/27/06, 01/31/06, 02/01/06, 02/02/06, 02/06/06, 02/07/06, 02/08/06, 02/09/06, 02/17/06, 03/09/06, 03/15/06, 03/22/06, 03/29/06, 04/12/06, 04/19/06, 04/27/06, 05/10/06, 05/12/06, 05/15/06, 06/14/06, 06/21/06, 06/28/06, 07/07/06, 07/14/06, 07/28/06, 08/04/06, 08/11/06, 08/18/06, 08/30/06, 09/02/06, 09/13/06

- Harris Methodist Fort Worth Hospital, 08/19/05, ___/05
- North Texas MRI Open Air, 09/09/05, 01/18/06, 01/20/06
- Lonestar Radiology, 09/12/05, 01/17/06, 04/03/06, 04/05/06
- James E. Laughlin, D.O., 10/04/05, 11/01/05
- MedStar, ___/05
- CareNow, ___/05, 12/11/05, 12/12/05, 12/16/05, 12/19/05, 12/26/05, 01/06/06, 01/13/06
- Metroplex Diagnostics, 01/18/06, 01/25/06
- Francisco J. Battle, M.D., 02/27/06, 06/12/06
- Advanced Imaging, 03/02/06, 03/23/06, 04/13/06, 04/27/06, 05/25/06, 06/15/06, 06/29/06
- Magnolia Workskills, 03/09/06
- Andrew W. Houtz, Ph.D., 03/13/06, 03/20/06, 04/18/06, 04/20/06
- First Advantage Investigative Services, 03/14/06, 03/18/06, 04/10/06, 05/23/06, 06/14/06, 06/15/06, 06/16/06
- Rehab 2112, 07/06/06, 07/10/06, 07/11/06, 07/13/06, 07/17/06, 07/18/06, 07/31/06, 08/01/06, 08/02/06, 08/03/06, 08/04/06, 08/10/06, 08/15/06, 08/17/06, 08/18/06, 08/22/06, 08/23/06, 08/24/06
- Kenneth F. Wise, Psy.D., 07/07/06
- Robert E. Holladay, M.D., 08/09/06
- HMFWEmergency, 08/19/05
- Farid Aminzadeh, D.C., 09/12/06
- Ali Muntaz, M.D., 11/21/06
- Kristian Fields, D.C., 12/19/06, 01/11/07, 01/19/07, 01/24/07
- SGK Diagnostics, 12/19/06, 12/20/06, 01/11/07
- Claims Management, Inc., 02/13/07
- Gerri Souder, D.C., 08/15/06, 08/16/06, 08/18/06, 08/28/06, 10/20/06
- Consiliummd, 09/20/06

PATIENT CLINICAL HISTORY:

The patient was injured when stocking at _____ and a can fell on top of his head. He has had x-rays, CT scan, MRI of the cervical spine, and myelogram. There is an MRI in 2006, as well as one from a previous motor vehicle accident in September of 2005, which were very similar in nature.

The patient has had epidural steroid injections. He has taken Flexeril, ibuprofen, and other anti-inflammatories. He has undergone chiropractic treatment, physical therapy, physical modalities, and pain management. He underwent work hardening through August 24, 2006.

The patient had a required medical examination, performed by Robert Holladay, M.D., on August 9, 2006, which indicated that the patient should have resolution of his symptoms by October 1, 2006. He stated there was no indication for a work conditioning or work hardening program. Dr. Holladay noted the patient underwent a functional capacity evaluation which indicated he was not able to lift overhead. He could lift 10 to 15 pounds frequently and 10 to 20 pounds occasionally.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION.

Based on the findings of Dr. Holladay and the functional capacity evaluation afterwards revealing the patient would only be able to lift 10 pounds and 5 pounds respectively, and the fact that the patient is a stocker who would require heavier lifting than that, I would state that the work hardening program was reasonable and necessary in this case. The functional capacity

evaluation revealed limitation on the functional ability of the patient. The patient has had extensive epidural steroid injections and physical modalities, and work hardening would be the logical step at this point to get the patient back at work.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)