

March 16, 2006

TX DEPT OF INS DIV OF WC  
AUSTIN, TX 78744-1609

CLAIMANT: \_\_\_

EMPLOYEE: \_\_\_

POLICY: M2-06-070901

CLIENT TRACKING NUMBER: M2-06-0709-01

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Medical Review Institute of America (MRIOA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Department of Insurance Division of Workers Compensation has assigned the above mentioned case to MRIOA for independent review in accordance with DWC Rule 133 which provides for medical dispute resolution by an IRO.

MRIOA has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the DWC approved doctor list (ADL). The reviewing provider has no known conflicts of interest existing 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.

**Records Received:**

FROM THE STATE:

Notification of IRO assignment 2/14/06 - 1 page

Texas Department of Insurance Division of Workers' Compensation form 2/14/06 - 1 page

Medical dispute resolution request/response - 1 page

Table of disputed services - 1 page

Provider form - 1 page

DWC preauthorization report & notification 1/5/06 - 2 pages

DWC preauthorization report & notification 1/10/06 - 2 pages

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FROM THE REQUESTOR/Aurora Healthcare:

List of exhibits coversheet - 1 page  
Case summary - 2 pages  
MRI scan lumbar spine report 12/16/05 - 2 pages  
Initial examination notes 11/14/05 - 4 pages  
Progress examination notes 12/19/05 - 4 pages  
SOAP notes 12/30/05 - 2 pages  
Medical dispute resolution request/response form - 1 page  
Provider form - 1 page  
Table of disputed services - 1 page  
Preauthorization request 1/4/06 - 1 page  
Request for reconsideration 12/19/05 - 4 pages  
Fax confirmation coversheet 1/4/06 - 1 page  
Letter from Aurora Health Care to preauthorization department 1/4/06 - 1 page  
Fax confirmation coversheet Request for reconsideration 1/4/06 - 1 page  
DWC preauthorization report & notification 1/5/06 - 2 pages  
DWC preauthorization report & notification 1/5/06 - 2 pages  
Order for payment of independent review organization fee 2/24/06 - 1 page

FROM THE RESPONDENT/Dallas ISD/Risk MGMT/Harris & Harris:

List of exhibits coversheet - 1 page  
Case summary - 2 pages  
MRI scan lumbar spine report 12/16/05 - 2 pages  
Initial examination notes 11/14/05 - 3 pages  
Progress examination notes 12/19/05 - 4 pages  
SOAP notes 12/30/05 - 2 pages  
Medical dispute resolution request/response - 1 page  
Provider form - 1 page  
Table of disputed services - 1 page  
Request for reconsideration 1/10/06 - 1 page  
Request for reconsideration 12/19/05 - 4 pages  
Fax confirmation coversheet 1/4/06 - 1 page  
Letter from Aurora Health Care to preauthorization department 1/4/06 - 1 page  
Fax confirmation coversheet Request for reconsideration 1/4/06 - 1 page  
DWC preauthorization report & notification 1/5/06 - 2 pages  
DWC preauthorization report & notification 1/5/06 - 2 pages

**Summary of Treatment/Case History:**

The patient is a male special needs teacher for the Dallas Independent School District who, on \_\_\_\_ was attempting to lift/pull an autistic child from the floor when he injured his lower back. He sought conservative care from a local doctor of chiropractic who began chiropractic treatments, physical therapy and rehabilitation. An MRI was eventually performed on 12/16/05 that revealed foraminal narrowing bilaterally at L4-5 and at L5-S1.

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**Questions for Review:**

1. Items in dispute: Pre authorization request: #97140 myofascial release, #97112 neuromuscular re-education, #97012 mechanical traction-physical therapy 3 times per week for 3 weeks.

**Explanation of Findings:**

In this case, the medical records adequately documented that a compensable injury occurred to the lower back area on \_\_\_\_, and that the patient was responding to the care rendered. At the time the preauthorization for these services was originally submitted, it was only 8 weeks post-injury, well within the guidelines set forth by the *Guidelines for Chiropractic Quality Assurance and Practice Parameters*. In addition, it was documented that the patient had returned to his employment. Therefore, the treatment fulfilled the statutory requirements for medical necessity since the patient obtained relief, promotion of recovery was accomplished and there was an enhancement of the employee's ability to return to his employment.

However, insofar as the neuromuscular reeducation (#97112) is concerned, upon careful review of the medical records, there is nothing in either the diagnosis or the physical examination findings on this patient that demonstrates the type of neuropathology that would necessitate the application of this service.

According to a Medicare Medical Policy Bulletin, "This therapeutic procedure is provided to improve balance, coordination, kinesthetic sense, posture, motor skill, and proprioception. Neuromuscular reeducation may be reasonable and necessary for impairments which affect the body's neuromuscular system (e.g., poor static or dynamic sitting/standing balance, loss of gross and fine motor coordination, hypo/hypertonicity). The documentation in the medical records must clearly identify the need for these treatments." In this case, the documentation failed to fulfill these requirements, so the application of this procedure is not supported as medically necessary.

**Conclusion/Partial Decision to Certify:**

1. Items in dispute: Pre authorization request: #97140 myofascial release, #97112 neuromuscular re-education, #97012 mechanical traction-physical therapy 3 times per week for 3 weeks.

The proposed myofascial release and mechanical traction, as requested is medically appropriate. See above.

**Conclusion/Partial Decision to Not Certify:**

The neuromuscular reeducation is not medically appropriate. See above.

**References Used in Support of Decision:**

Haldeman, S; Chapman-Smith, D; Petersen, D *Guidelines for Chiropractic Quality Assurance and Practice Parameters*, Aspen Publishers, Inc.

Texas Labor Code 408.021

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HGSA Medicare Medical Policy Bulletin, Physical Therapy Rehabilitation Services, original policy effective date 04/01/1993 (Y-1B)

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This review was provided by a chiropractor who is licensed in Texas, certified by the National Board of Chiropractic Examiners, is a member of the American Chiropractic Association and has several years of licensing board experience. This reviewer has given numerous presentations with their field of specialty. This reviewer has been in continuous active practice for over twenty years.

#### 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 (other than a spinal surgery prospective 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.

If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision.

Chief Clerk of Proceedings / Appeals Clerk  
P. O. Box 17787  
Austin, TX 78744

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute. MRloA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the DWC.

It is the policy of Medical Review Institute of America to keep the names of its reviewing physicians confidential. Accordingly, the identity of the reviewing physician will only be released as required by state or federal regulations. If release of the review to a third party, including an insured and/or provider, is necessary, all applicable state and federal regulations must be followed.

Medical Review Institute of America retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by MRloA clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the American Accreditation Health Care Commission (URAC), and/or other state and federal regulatory requirements.

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The written opinions provided by MRIOA represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to MRIOA for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Medical Review Institute of America assumes no liability for the opinions of its contracted physicians and/or clinician advisors. The health plan, organization or other party authorizing this case review agrees to hold MRIOA harmless for any and all claims, which may arise as a result of this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

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Case Analyst: Cherstin B ext 597

cc: Requestor  
Respondent