



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: <input checked="" type="checkbox"/> Health Care Provider <input type="checkbox"/> Injured Employee <input type="checkbox"/> Insurance Carrier	
Allied Multicare Centers 415 Lake Air Drive Waco, Texas 76710	MDR Tracking No.: M5-06-0341-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: Employers Ins Co of Wausau, Box 28	Date of Injury:
	Employer's Name:
	Insurance Carrier's No.:

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Documents include DWC-60 form, Explanations of Benefits, medical documentation and CMS 1500's. Position summary states, "The treatment and diagnostic testing was necessary, reasonable according to TWCC treatment guidelines, and referred by the treating doctor."

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Documents include DWC-60 response.

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)
10-29-04, 11-1-04, 11-3-04, 11-8-04, 11-10-04	CPT code 98940 (\$31.35 X 5 DOS)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$156.75
10-29-04 – 7-15-05	CPT codes 98940 (except as listed above), 97110, 97112, 98941, 97124, 97530, 99212, 97012	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0

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 majority of the disputed medical necessity issues.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

28 Texas Administrative Code Sec. 133.308

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 additional reimbursement in the amount of \$156.75 for the services involved in this dispute and is not entitled to a refund of the paid IRO fee.

Findings and Decision by:

Donna Auby

12-29-05

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.

December 14, 2005

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

CLAIMANT: ____

EMPLOYEE: ____

POLICY: M5-06-0341-01

CLIENT TRACKING NUMBER: M5-06-0341-01/5278

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 case in question 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:

Records Received from the State:

- Notification of IRO Assignment, 12/1/05 – 2 pages
- Medical Dispute Resolution Request/Response, 12/1/05 – 2 pages
- Table of Disputed Charges, undated – 4 pages
- EOBs, 10/29/04-7/15/05 – 13 pages

Records Received from Allied Multicare Centers:

- Retrospective Review (M5) Information Request, 12/1/05 – 1 page
- Allied Multicare Centers Initial/Subsequent Medical Narrative Report, 10/8/04 – 11 pages
- Allied Multicare Centers Initial/Subsequent Medical Narrative Report, 10/12/04 – 11 pages
- Allied Multicare Centers Subsequent Medical Narrative Report, 11/11/04 – 8 pages
- Allied Multicare Centers Subsequent Medical Narrative Report, 12/14/04 – 8 pages
- Initial Evaluation and Consultation from Les Benson, MD, 10/20/04 – 2 pages
- Clinic Visit from Les Benson, MD, 11/3/04 – 1 page
- Clinic Visit from Les Benson, MD, 11/30/04 – 2 pages
- Evaluation from Masaki Oishi, MD, PhD, 8/20/03 – 2 pages
- Office Visit from Masaki Oishi, MD, PhD, 9/17/03 – 1 page
- Office Visit from Masaki Oishi, MD, PhD, 10/22/03 – 1 page
- Letter from Waco Radiology to Dr. Linderman, 12/8/04 – 1 page
- Advanced Medical Imaging MRI Lumbar Spine Without Contrast, 8/15/03 – 1 page
- Post Discography CT of the Lumbar Spine, 10/17/03 – 1 page
- Provocative Pain Testing with Multilevel Lumbar Discography, 10/17/03 – 2 pages
- Injury 1 Treatment Center Interim FCE, 1/20/05 – 2 pages
- Physical Therapy Re-Assessment Interim – Work Hardening, 1/20/05 – 3 pages
- Injury 1 Treatment Center Interim FCE, 1/20/05 – 4pages
- Injury 1 Treatment Center Interim FCE, 2/4/05 – 2 pages
- Injury 1 Treatment Center Discharge FCE, 2/4/05 – 1 page
- Injury 1 Treatment Center Discharge FCE, 2/4/05 – 1 page
- Physical Therapy Re-Evaluation – Work Hardening Program, 2/4/05 – 3 pages
- Injury 1 Treatment Center PT Status Update, 3/4/05 – 1 page
- Physical Therapy Re-Evaluation – Work Hardening Program, 2/4/05 – 3 pages
- Professional Reviews Inc. Preliminary Chiropractic Modality Review, 1/26/05 – 3 pages
- Professional Reviews Inc. Preliminary Work Hardening Review, 2/9/05 – 4 pages
- Professional Reviews Inc. Reconsideration, 3/21/05 – 2 pages
- Occupational Orthopaedics Specialists Required Medical Evaluation, 10/27/03 – 8 pages
- Allied Multicare Centers Daily Notes, 10/8/04-7/26/05 – 12 pages

Records Received from Employers Insurance Co. of Wausau:

- Retrospective Review (M5) Information Request, 12/1/05 – 1 page
- Texas Department of Insurance Notification of IRO Assignment, 12/1/05 – 1 pages
- Occupational Orthopaedics Specialists Required Medical Evaluation, 10/27/03 – 8 pages
- Office Notes from Michael S. Perkins, MD, MPH, 5/26/04 – 3 pages
- Commission Ordered Required Medical Examination from Leslie M. Bishop, MD, 8/19/04 – 2 pages
- Professional Reviews Inc. Preliminary Chiropractic Modality Review, 1/26/05 – 3 pages
- Professional Reviews Inc. Preliminary Work Hardening Review, 2/9/05 – 4 pages
- Professional Reviews Inc. Reconsideration, 3/21/05 – 2 pages
- Occupational Orthopaedics Specialists Independent Medical Examination, 5/17/05 – 8 pages
- Allied Multicare Centers Notes, 10/8/04 – 1 page
- Letter from Liberty Mutual Insurance Company to MRIOA, 11/9/05 – 2 pages
- Handwritten Note, 1/05-7/05 – 2 pages
- Allied Multicare Centers Notes, 10/13/04-12/3/04 – 10 pages
- Allied Multicare Centers Initial/Subsequent Medical Narrative Report, 10/8/04 – 11 pages
- Allied Multicare Centers Initial/Subsequent Medical Narrative Report, 10/12/04 – 11 pages
- Allied Multicare Centers Subsequent Medical Narrative Report, 11/11/04 – 8 pages

Summary of Treatment/Case History:

The claimant underwent diagnostic imaging, physical medicine treatments, chronic pain management and work hardening after injuring her lumbar spine at work on ____.

Questions for Review:

Were the therapeutic exercises (#97110), neuromuscular reeducation (#97112), chiropractic manipulations (#98940 and #98941), massage (#97124), therapeutic activities (#97530), office visit (#99212), and mechanical traction (#97012) from 10/29/04-7/15/05 medically necessary? No fee issues.

Explanation of Findings:

Were the therapeutic exercises (#97110), neuromuscular reeducation (#97112), chiropractic manipulations (#98940 and #98941), massage (#97124), therapeutic activities (#97530), office visit (#99212), and mechanical traction (#97012) from 10/29/04-7/15/05 medically necessary? No fee issues.

The Guidelines for Chiropractic Quality Assurance and Practice Parameters Chapter 8 under “Failure to Meet Treatment/Care Objectives” states, “After a maximum of two trial therapy series of manual procedures lasting up to two weeks each (four weeks total) without significant documented improvement, manual procedures may no longer be appropriate and alternative care should be considered.” According to the AHCPR guidelines, spinal manipulation was the only recommended treatment that could relieve symptoms, increase function and hasten recovery for adults suffering from acute low back pain; the British Medical Journal reported that spinal manipulation combined with exercise yielded the greatest benefit; and JMPT reported that spinal manipulation may be the only treatment modality offering broad and significant long-term benefit for patients with chronic spinal pain syndromes. Based on those findings and since the medical records fail to document that spinal manipulative therapy had been previously attempted, a four-week period (ending on 11/10/04) of this recommended treatment was indicated for this patient. However, since the patient did not respond to this treatment (evidenced by her repeated subjective pain reports of “unchanged” or “about the same”), there was no support for continuing the treatments after the 4-week time period.

The medical records also fail to substantiate that the remaining disputed services fulfilled statutory requirements for medical necessity since the patient obtained no relief, promotion of recovery was not accomplished and there was no enhancement of the employee’s ability to return to employment.

Specifically in regard to the neuromuscular reeducation services (#97112), there was nothing in either the diagnosis or the physical examination findings on this patient that demonstrated 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, rendering the performance of this service medically unnecessary.

And finally, the 05/26/04 report of the designated doctor – who carries presumptive weight – stated, “Under these circumstances it is unlikely that any further treatment will result in improvement of the claimant’s functional status or symptomatic complaints.” Based on that finding – written 5 months prior to the initiation of the disputed treatment – the provider should have foreseen that the patient would not materially benefit from repeating previously attempted and unsuccessful treatments. Therefore, and without question, the remaining disputed treatments were neither indicated nor medically necessary.

Conclusion/Decision to Partially Certify:

The #98940 chiropractic manipulations performed on 10/29/04, 11/01/04, 11/03/04, 11/08/04 and 11/10/04 are approved. All other treatments, procedures and examinations are not medically necessary.

References Used in Support of Decision:

1. Haldeman, S; Chapman-Smith, D; Petersen, D Guidelines for Chiropractic Quality Assurance and Practice Parameters, Aspen Publishers, Inc.
2. Bigos S., Bowyer O., Braen G., et al. Acute Low Back Problems in Adults. Clinical Practice Guideline No. 14. AHCPR Publication No. 95-0642. Rockville, MD: Agency for Health Care Policy and Research, Public Health Service, U.S. Department of Health and Human Services. December 1994.
3. UK Back pain Exercise And Manipulation (UK BEAM) randomised trial: Medical Research Council, British Medical Journal (online version) November 2004.
4. Muller, R. Giles, G.F. Long-term Follow-up of a Randomized Clinical Trial Assessing the Efficacy of Medication, Acupuncture, and Spinal Manipulation for Chronic Mechanical Spinal Pain Syndromes. J Manipulative Physiol Ther 2005; 28:3-11.
5. Texas Labor Code 408.021
6. HGSA Medicare Medical Policy Bulletin, Physical Therapy Rehabilitation Services, original policy effective date 04/01/1993 (Y-1B)

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 written numerous publications and given several presentations with their field of specialty. This reviewer has been in continuous active practice for over twenty-five years.

MRIOA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the treating provider, payor and/or URA, and the DWC.

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.

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 MRIOA 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.

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: Jamie C ext 583