

MDR Tracking Number: M5-03-2495-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective January 1, 2002 and Commission Rule 133.305 and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(q)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The office visits and neurostimulator treatment from 5/10/02 through 9/19/02 were found to be medically necessary. All the treatment after 9/19/02 was not found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these office visits and neurostimulator treatment from 5/10/02 through 9/19/02 charges.

This Finding and Decision is hereby issued this 11<sup>th</sup> day of July 2003.

Carol R. Lawrence  
Medical Dispute Resolution Officer  
Medical Review Division

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 5/10/02 through 10/28/02 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 11<sup>th</sup> day of July 2003.

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division

RL/crl

July 8, 2003

David Martinez  
TWCC Medical Dispute Resolution  
4000 IH 35 South, MS 48  
Austin, TX 78704

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IRO #: 5251

\_\_\_ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to \_\_\_ for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

\_\_\_ has performed an independent review of the care rendered 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.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Doctor of Chiropractic. The \_\_\_ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to \_\_\_ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

#### CLINICAL HISTORY

\_\_\_ was injured at work when his arm was pulled into a grinder, causing extensive tissue, vessel & nerve damage. In April 2002 the patient had an impairment rating by DDE. The treating doctor performed in impairment rating in May 2002. \_\_\_ was treated with Surface Neurostimulator for pain control, and with occasional manipulative therapy. The treating doctor has also billed for 60-minute conferences. The carrier disputes all of the above treatments as Unnecessary Medical treatment per peer review.

## DISPUTED SERVICES

Under dispute is the medical necessity of services provided from 5/10/02 through 10/28/02.

### DECISION

The reviewer both agrees and disagrees with the prior adverse determination.

The treating doctor's impairment rating should be denied.  
Additionally, the 60-minute conferences (99362) should be denied.  
All treatment after 9/19/2002 should be denied as medically unnecessary.

Neurostimulator treatment should be covered from 5/10/2002 through 9/19/2002.  
Office visits should be paid.

### BASIS FOR THE DECISION

This patient suffered severe injuries. The Neurostimulator does appear to have had some positive effects on the patient. For injuries as severe as were suffered by this patient, it is not unreasonable for him to have lasting neurological symptoms post-accident. The Neurostimulator has addressed those problems, but it is not reasonable to have continued those treatments past 9/19/2002 for the following reasons: 1) patient's ROM was normal on that date, 2) any benefit of Neurostimulator treatment was transitory and patient always returned to baseline by the next visit, whether it was the next day or 2-10 days after treatment, 3) after that date, consistently, the patient's diastolic blood pressure increased post-treatment, sometimes by as much as 10 mm Hg, which is not in the patient's best interest, 4) there is no mention of consultation by qualified Neurologist for other possible treatment options.

As far as the treating doctor's impairment rating is concerned. It should be denied because it was performed AFTER a designated doctor had assigned an impairment rating. Since the designated doctor has presumptive authority, an impairment rating done by the treating doctor after that time would be medically unnecessary.

The recommendation for denial of the 60-minute conferences is made because there is no documentation supporting these conferences. When medical conferences are made, there should be supporting documentation with signatures of all parties in attendance. The office notes make no reference to treatment by other health care providers, only that the Neurostimulator was applied by an office assistant. There is no mention of Psychologist, Physical Therapist, Orthopedist or Neurologist, or in fact, anyone other than the treating doctor's office staff. With no documentation, there is no basis for these charges.

Office visits should be paid. The treating doctor is required to track the patient's progress and maintain proper reporting to the insurer, employer and TWCC as to the patient's work status and abilities. Charges for office visits are reasonable and necessary.

\_\_\_ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. \_\_\_ has made no determinations regarding benefits available under the injured employee's policy

As an officer of \_\_\_, I certify that there is no known conflict between the reviewer, \_\_\_ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

\_\_\_ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,