



MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Type of Requestor: (X) Health Care Provider () Injured Employee () Insurance Carrier	
Requestor's Name and Address: South Coast Spine and Rehabilitation, P.A. 620 Paredes Line Road Brownsville, Texas 78521	MDR Tracking No.: M4-05-5123-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: Brownsville ISD/Dean G. Pappas & Associates Rep Box 29	Date of Injury:
	Employer's Name:
	Insurance Carrier's No.: 04113840

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

DOCUMENTATION SUBMITTED: DWC-60 dispute

POSITION SUMMARY: "This dispute is a medical fee dispute and not a medical necessity dispute. Medical necessity is not an issue in a medical fee dispute according to Rule 133.307(a). Therefore, we are entitled to submit this request".

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

DOCUMENTATION SUBMITTED: Response to DWC-60

POSITION SUMMARY: "It is the Carrier's Position that the charges made the basis of this dispute have processed correctly and that no reimbursement is due. Carrier has accepted a cervical and lumber strain only. TWCC21 dated July 14,2004 has previously been provided as a part of the Carrier Documentation. The date of service made the basis of this Medical Dispute has a primary diagnosis code of 722.0, cervical HNP. The dispute on the extent of injury is still pending before the Texas Workers' Compensation Commission".

PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	CPT Code(s) or Description	Part V Reference	Additional Amount Due (if any)
11-04-04	97750-FC (12 units @ \$34.30 per unit)	(1)	\$411.60

PART V: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

(1) The carrier did not submit an explanation of benefits, however, the carrier submitted a PLN11 dated 07-14-2004 which stated "Carrier, Self-Insured Brownsville ISD, c/o Tristar Risk Management disputes any and all disability and medical treatment for bilateral knees and brain/head as not part of the original compensable injury. Carrier will continue to pay for reasonable and necessary medical treatment for a cervical and lumbar strain only". Both parties per a Benefit Dispute Agreement signed on 04-03-06 agreed the claimant's compensable injury of a cervical sprain/strain and a lumbar sprain/strain does not include or extend to include any cervical disc pathology including cervical spondylitic changes and disc bulges at C5-C6 and C6-C7, cervical disc disease, any lumbar disc pathology including lumbar degenerative disc disease, lumbar spondylolisthesis at L5-S1, bilateral carpal tunnel syndrome and a head injury. The parties further agreed the claimant's compensable injury of a cervical sprain/strain and a lumbar sprain/strain does include or extend to include bilateral knee contusions. The Requestor billed for the compensable injury of lumbar sprain/strain and contusion of knee. Reimbursement is recommended per Rule 134.202(c)(1) in the amount listed above.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

28 Texas Administrative Code Sec. 134.202(c)(1)

PART VII: DIVISION DECISION 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 \$411.60. The Division hereby **ORDERS** the insurance carrier 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.

Ordered by:

04-20-06

Authorized Signature

Date of 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.