

# True Resolutions Inc.

An Independent Review Organization

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Notice of Independent Review Decision

**DATE OF REVIEW:** 6-7-2007

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

EMG/NCV Testing, CPT 95904 sensory 6 units

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

Doctor of Chiropractic

AADEP Certified

Whole Person Certified

TWCC ADL Doctor

Certified Electrodiagnostic Practitioner

Member of the American of Clinical Neurophysiology

Clinical practice 10+ years in Chiropractic WC WH Therapy

**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)

The reviewer partially agrees with the determination of the insurance company.

4 of the 6 units are not medically necessary.

2 units are medically necessary.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Request IRO form, IRO request and forms, EOBs for associated dates of service, Letter Dr. 5/3/07, EMG/NCV report 2/14/07 with associated graphs and charts, Request for reconsideration letter for 4/4/07, letter 5/16/07, Emergency room notes, Medical report Dr. 1/9/07, 2/7/07.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant underwent an electrodiagnostic examination that was performed by Dr., DC at the office of Dr. DC. Dr. apparently billed the technical component of the examination.

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

The injured employee did in fact undergo an electrodiagnostic evaluation; however, review of electrodiagnostic report and graphs indicate that 12 sensory nerve studies were performed and EOB indicates that 6 were paid. It should be noted that 4 of the studies were comparison studies, which were not medically necessary as the initial sensory findings were well within the normal values. Additionally, one can only charge per nerve if the recording electrode is moved. It was noted that 12 units were billed; however, 6 sensory studies were paid. Therefore, the additional 2 sensory studies are medically necessary and the 4 sensory studies are not medically necessary out of the 6 sensory studies that are in question.

**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)