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 Organization, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that **NCV studies and reflex studies were not medically necessary.**

Based on review of the disputed issues within the request, the Division has determined that fees for **NCV studies and reflex studies** were the only fees involved in the medical dispute to be resolved. As the treatment was not found to be medically necessary, reimbursement for date of service 8-17-01 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 25th day of July 2002.

Dee Z. Torres, Medical Dispute Resolution Officer
Medical Review Division

DZT/dzt

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and subsequently re-delegated by Virginia May, Deputy Executive Director.

NOTICE OF INDEPENDENT REVIEW DECISION **CORRECTED LETTER**
NOTE: Requested Services, Decision, and Rationale/Basis for Decision

June 27, 2002

David Martinez
Chief, Medical Dispute Resolution
Medical Review Division
Texas Workers Compensation Commission
4000 South IH-35, MS 40
Austin, TX 78704-7491

RE: MDR Tracking #: M5-02-2042-01
IRO Certificate #: 4326

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced 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 rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians 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 this case.

Clinical History

This 42 year old female was involved in a work related accident on ___. The patient reported that she got her hand stuck in a postal machine at work. She complained of neck and hand pain. She was taken to ___ in ___, where she was prescribed medications and x-rays were taken on her right wrist and hand. Both were negative for abnormal findings. She reportedly went to a chiropractor, ___, on 08/01/01. The treating chiropractor prescribed nerve conduction velocity (NCV) studies and associated reflex studies of the upper extremities.

Requested Service(s)

NCV and associated reflex studies performed at ___ on 08/17/01.

Decision

It is determined that the NCV and associated reflex studies were not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The medical record documentation does not indicate evidence of radiculopathy. If there were, the test of choice would be a needle EMG. The medical record documentation does not identify radicular pain in the neck, upper back or right hand. Range of motion was reported as normal in the cervical region and the right wrist area on all of the examination forms, as well as, negative orthopedic tests, normal motor and sensory tests, and deep tendon reflexes (DTR's) within normal limits. According to the *Guidelines in Electrodiagnostic Medicine,* Muscle and Nerve, February 1992, pgs. 229-253, the suggested guidelines for electrodiagnostic consultations include: 1) myopathies, neuromuscular junction disorders, polyneuropathies, mononeuropathies, plexopathies, radiculopathies, neuronopathies and central nervous disorders; 2) specific indications for patients with suspected lumbosacral or cervical radiculopathies; and 3) suspected carpal tunnel syndrome, idiopathic lateral sclerosis, and myasthenia gravis. Therefore, according to these guidelines the patient did not present in any of these categories and the NCV and associated reflex studies were not medically necessary.

Sincerely,