

THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER:

SOAH DOCKET NO. 453-03-2316.M5

MDR Tracking Number: M5-02-2082-01

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 (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 the office consult; muscle test, motor nerve conduction, sense nerve conduction and H or F reflex studies rendered were not medically necessary.

Based on review of the disputed issues within the request, the Division has determined that the office consult; muscle test, motor nerve conduction, sense nerve conduction and H or F reflex studies fees were the only fees involved in the medical dispute to be resolved. As the treatment, the office consult; muscle test, motor nerve conduction, sense nerve conduction and H or F reflex studies was not found to be medically necessary, reimbursement for date of service from 8/28/01 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 10th day of October 2002.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

October 3, 2002

Re: Medical Dispute Resolution
MDR #: M5.02.2082.01
IRO Certificate No.: IRO 5055

Dear Ms. Lopez:

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties

referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. A physician who is Board Certified in Neurology.

The physician reviewer **AGREES** with the determination of the insurance carrier in this case. The reviewer is of the opinion that the requested office consult; muscle test; motor nerve conduction; sense nerve conduction and H or F reflex studies. **WERE NOT** medically necessary. The requested date of service was 08.28.01.

I am the Secretary and General Counsel of ___ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

We are forwarding herewith a copy of the referenced Medical Case Review with reviewer's name redacted.

Sincerely,

This is for ____. I have reviewed the medical information forwarded to me concerning MDR #M5-02-2082-01, in the area of Neurology. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

1. ____ notes (Ortho).
2. ____ note (Physical Medicine and Rehabilitation).
3. ____ note (Neuro).
4. ____ notes.
5. ____ notes.
6. ____ notes.
7. ____ notes (Ortho-Disability).
8. EMG report, dated 8/28/01.
9. MRI's of the lumbar spine, dated 8/23/01 and 2/08/00.

B. BRIEF CLINICAL HISTORY:

This patient had an injury beginning ____, when she had a fall and subsequently had persistent back pain and radiating leg pain, particularly on the left. She saw multiple specialists and had multiple evaluations for her pain. She had an EMG dated 2/28/00, less than two months after her original injury, that reportedly did not show any abnormality. She had an MRI of the lumbar spine dated 2/08/00 which showed an eccentric posterior disk herniation at the L1-L2 level, with a broad-based disk bulge on the left with a radial annular tear on the left.

On 8/23/01, she had an additional MRI performed that showed an extrusion of the L4-5 intervertebral disk to the right. This produced mild compression of the spinal canal, and there was narrowing of the disk space at L5-S1.

She subsequently had an evaluation by ____, and she had the EMG in dispute on 8/28/01. The EMG in dispute showed chronic bilateral L-5 radiculopathies with a superimposed acute right L-5 radiculopathy. At that time, she had no objective change in her exam but rather continued to have sensory complaints in her leg as well as back pain and left leg pain.

C. DISPUTED SERVICES:

Office consult, muscle test, motor nerve conduction, sensory nerve conduction, and H/F reflex study.

D. DECISION:

I AGREE WITH THE DETERMINATION OF THE INSURANCE CARRIER IN THIS CASE.

E. RATIONALE OR BASIS FOR DECISION:

This patient had repeat EMG and MRI of the lumbar spine in August 2001. She had had a prior extensive workup before this, seeing multiple specialists. She had no new change in her objective neurologic findings to justify further diagnostic testing. Her neurologic exam remained normal, even on ____ note, with superimposed subjective sensory complaint.

F. DISCLAIMER:

The opinions rendered in this case are the opinions of this evaluator. This medical evaluation has been conducted on the basis of the documentation as provided to me with the assumption that the material is true, complete and

correct. If more information becomes available at a later date, then additional service, reports or consideration may be requested. Such information may or may not change the opinions rendered in this evaluation. My opinion is based on the clinical assessment from the documentation provided.

I certify that I have no past or present relationship with the patient and no significant past or present relationship with the attending physician. I further certify that there is no professional, familial, financial, or other affiliation, relationship, or interest with the developer or manufacturer of the principal drug, device, procedure, or other treatment being recommended for the patient whose treatment is the subject of this review. Any affiliation that I may have with this insurance carrier, or as a participating provider in this insurance carrier's network, at no time constitutes more than 10% of my gross annual income.

Date: 26 September 2002