

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

SOAH DOCKET NO. 453-03-1256.M5

MDR Tracking Number: M5-02-2133-01

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 NCV studies were not medically necessary.

Based on review of the disputed issues within the request, the Division has determined that NCV 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 9-19-01 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.

Enclosure: IRO Decision

NOTICE OF INDEPENDENT REVIEW DECISION

July 18, 2002

Rosalinda Lopez
Program Administrator
Medical Review Division
Texas Workers Compensation Commission
4000 South IH-35, MS 48
Austin, TX 78704-7491

RE: MDR Tracking #: M5-02-2133-01
 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 51 year old male was apparently injured in the course of his employment on _____. Records indicate that the patient was unloading freight and began to experience low back and left sided sacroiliac pain. Initial care was provided through _____, however the patient sought care with _____ on 09/19/01. He ordered an MRI, which revealed multi-level disc bulging/protrusions and a 6mm herniation at L4-L5. Nerve conduction velocity (NCV) studies were then ordered to rule out lumbar radiculopathy.

Requested Service(s)

NCV studies

Decision

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

Rationale/Basis for Decision

Based on the medical record documentation, the patient's initial complaints were suggestive of a sprain/strain. There was some hip and sacroiliac pain documented; however, this would not be rationale for ordering electrodiagnostics. An MRI indicated a significant disc herniation, which with accompanying appropriate symptomatology would be rationale to request the appropriate electrodiagnostic procedure. However, when _____ examined the patient on 09/10/01, there were no positive sensory findings, no muscle weakness, but there were radicular complaints. NCV studies were performed, however, the appropriate study for indications of radiculopathy would be a needle EMG. The NCV studies are of no diagnostic value in this case as NCV studies are usually normal in radiculopathy because the lesions are proximal to the dorsal root ganglion.

Sincerely,