

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 rendered was not medically necessary.

Based on review of the disputed issues within the request, the Division has determined that the NCV fees 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 6/6/01 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 9th day of, May 2002.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

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, 5/9/02.

NOTICE OF INDEPENDENT REVIEW DECISION

May 2, 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 #: M5-02-2156-01
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 22 year old male sustained an on the job back injury on ___ when he tripped over a jack and fell on his back. The patient complains of constant, sharp low back pain that radiates with numbness to his feet, and back stiffness.

Requested Service(s)

Electrodiagnostic Testing

Decision

It is determined that the electrodiagnostic testing billed as: CPT-95900: Nerve conduction velocity and/or latency study; motor, each nerve, CPT-95704: Nerve conduction velocity and/or latency study, sensory, each nerve, and CPT-95935: "H" or "F" reflex study, by electrodiagnostic testing were not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The patient was seen by the chiropractor on 05/14/01 and was diagnosed with a disc herniation. The initial examination revealed normal motor/sensory/reflex findings. A subsequent MRI performed on 05/18/01 was normal and revealed no evidence of disc injury. Electro-diagnostic studies were repeated on 06/06/01 and billed as: CPT-95900: Nerve conduction velocity and/or latency study; motor, each nerve, CPT-95904: Nerve conduction velocity and/or latency study, sensory, each nerve, and CPT-95935: "H" or "F" reflex study, by electrodiagnostic testing. Due to the lack of any objective evidence of spine-related pathology, the subsequent electrodiagnostic studies performed 3 weeks after the MRI were not medically necessary to treat this patient's condition.

Sincerely,