

MDR Tracking Number: M5-02-2199-01

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 assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent.

The Medical Review Division has reviewed the IRO decision. The IRO has not clearly determined the prevailing party over the medical necessity issues. Therefore, in accordance with §133.308(q)(2)(C), the commission shall determine the allowable fees for the health care in dispute, and the party who prevailed as to the majority of the fees for the disputed health care is the prevailing party.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The cervical spine x-ray was found to be medically necessary. The respondent raised no other reasons for denying reimbursement charges for the cervical spine x-ray.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
3/6/01	72052-22	\$250.00	0.00	U	\$85.00	IRO decision	The IRO determined the cervical x-ray was medically necessary. Therefore, reimbursement is recommended, amount due: \$85.00 .
4/6/01	95904 95900	\$420.00 \$700.00	0.00	U	\$420.00 \$700.00	IRO decision	The IRO determined the NCV and sensory nerve studies were not medically necessary and therefore not reimbursable.
TOTAL		\$1370.00					The requestor is entitled to reimbursement of \$85.00 .

On this basis, the total amount recommended for reimbursement (\$85.00) does not represent a majority of the medical fees of the disputed healthcare and therefore, the requestor did not prevail in the IRO decision. Consequently, the requestor is not owed a refund of the paid IRO fee.

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay \$85.00 plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 3/6/01 through 4/6/01 in this dispute.

This Order is hereby issued this 25th day of September 2002.

Carol R. Lawrence, Medical Dispute Resolution Officer
Medical Review Division
CRL/crl

NOTICE OF INDEPENDENT REVIEW DECISION

September 12, 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 #: M5-02-2199-01
IRO Certificate #: 4326

The ___ 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 34 year old female sustained a work related injury on ___ when, after typing, writing, and phone work, she complained of radiating pain in her neck and left elbow. The patient was under the care of a chiropractor and underwent cervical spine x-rays on 03/06/01 and nerve conduction velocity (NCV)/sensory nerve studies on 04/06/01.

Requested Service(s)

Cervical spine x-rays (72052-27), nerve conduction velocity (95900), and sensory nerve studies (95904).

Decision

It is determined that the cervical spine x-rays (72052-27) were medically necessary to treat this patient's condition. However, the NCV (95900) and sensory nerve (95904) studies were not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

As per the Council on Chiropractic Practice, 1998, p. 120, x-rays allow chiropractors to provide patients with safe and appropriate treatment. In this case, x-rays are a vital part of the examination process utilized to evaluate injuries associated with restricted biomechanical movement.

The medical record documentation did not provide sufficient information to indicate the rationale for deviating from the established practice of performing standard electromyography (EMG) instead of NCV/sensory nerve testing.

Therefore, it is determined that the cervical spine x-rays were medically necessary. However, the NCV/sensory nerve testing was not medically necessary to treat this patient's condition.

Sincerely,