

MDR Tracking Number: M5-02-2238-01

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 and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(q)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee.

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 nerve conduction studies were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these studies.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) 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 date of service 9-6-01 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order per Rule 133.307(j)(2).

This Order is hereby issued this 24th day of September 2002.

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

DZT/dzt

August 29, 2002

Texas Workers' Compensation Commission
Medical Dispute Resolution
4000 South IH-35, MS 48
Austin, TX 78704-7491

Attention: Rosalinda Lopez

Re: Medical Dispute Resolution
MDR #: M5-02-2238-01
IRO Certificate No.: IRO 5055

Dear Ms. Lopez:

Following is the letter to the Commission and the medical case review.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a Doctor of Chiropractic Medicine.

The reviewer DISAGREES with the determination of the insurance carrier in this case. The reviewer is of the opinion that nerve conduction velocity testing and the F-wave study that were performed on 09/06/01 were medically necessary.

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.

Sincerely,

MEDICAL CASE REVIEW

This is for ___. I have reviewed the medical information forwarded to me concerning TWCC Case File #M5-02-2238-01, in the area of Chiropractic. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

1. TWCC IRO Assignment, dated 6/12/02, one page.
2. TWCC-60, Medical Dispute Resolution Request/Response, dated 3/12/02, 3 pages.
3. TWCC-60, Table of Disputed Services from 9/06/01, one page.
4. Explanation of Benefits, dated 10/30/01, for office visit of 9/06/01, 2 pages.
5. Explanation of Benefits, dated 1/16/02, for office visit of 9/06/01, 2 pages.
6. TWCC Ground Rules for Nerve Study Guidelines, one page.
7. Letter from ____, dated 11/02/01. Letter contains information citing the Texas Chiropractic Act and the *Texas Board of Chiropractic Examiners' Newsletter* articles concerning NCV, DEP, and EMG, 2 pages.
8. Nerve conduction study report from ____, dated 9/6/01, 6 pages.

B. BRIEF CLINICAL HISTORY:

The patient is a 33-year-old male who sustained an on-the-job injury while working for the ____ on _____. Chief symptoms include right anterior forearm and wrist pain and paresthesia.

C. DISPUTED SERVICES:

The disputed services included charges 95900, 95904 nerve conduction velocity testing, and 95935 F-wave study, performed on 9/06/01.

D. DECISION:

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

E. RATIONALE OR BASIS FOR DECISION:

The insurance carrier's reason for denial: "American Association of Electrodiagnostics do not recognize techs doing this service without M.D. supervision."

Telephone conversations with the Texas Board of Chiropractic Examiners on 8/23/02 and 8/26/02 confirmed that the provider's stand that DEP, NCV, and EMG's are within the chiropractic scope of practice in Texas.

According to the *Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters*, these tests are appropriate for a patient demonstrating these symptoms.

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.

Date: 27 August 2002