

MDR Tracking Number: M5-02-2354-01

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 reflex study, motor nerve conduction test and somatosensory testing rendered were not medically necessary.

Based on review of the disputed issues within the request, the Division has determined that Reflex study, motor nerve conduction test and somatosensory testing fees were the only fees involved in the medical dispute to be resolved. As the treatment, (reflex study, motor nerve conduction test and somatosensory testing) was not found to be medically necessary, reimbursement for date of service 11/16/01 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 13th of November 2002.

Carol R. Lawrence  
Medical Dispute Resolution Officer  
Medical Review Division

CRL/crl

November 5, 2002

Re: Medical Dispute Resolution  
MDR #: M5.02.2354.01  
IRO Certificate No.: IRO 5055

Dear

\_\_\_ 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. This case was reviewed by a physician who is Board Certified in Neurological Surgery.

Clinical History:

This 42-year-old female was injured on the job on \_\_\_\_\_. She developed low back and right lower extremity pain. The effort with conservative treatment failed to relieve her pain. She eventually underwent resection of the L-5 disc bilaterally, with PLIF-paired cages for fusion. She improved temporarily following surgery, but then began to complain again of pain in the right buttock and right leg.

Disputed Services:

Reflex study, motor nerve conduction test and somatosensory testing on 11/16/01.

Decision:

The reviewer agrees with the determination of the insurance carrier. The reviewer is of the opinion that the services in question were not medically necessary in this case.

Rationale for Decision:

The tests ordered would provide no valuable information in the treatment of this patient. It is not likely, given the extensive surgery she has undergone, that these studies would have been normal. There is no indication in the records provided that this individual has any type of problem with her spinal cord.

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,