

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 \$650.00** 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 95904 and 95904-76 were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the nerve conduction 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 4-16-01 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 (Rule 133.307(j)(2)).

This Order is hereby issued this 6th day of August 2002.

___ has performed an independent review of the «RenderedCare» 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 ___ physician reviewer who is board certified in anesthesiology, which is the same specialty as the treating physician. The ___ physician reviewer 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

From the limited information provided for review, it appears that this patient sustained a work-related injury to his back on ___ resulting in low back pain. As part of the patient treatment and evaluation, he underwent nerve conduction studies (CPT 95904 & 95904-76 X 13) on 04/16/01.

Requested Service(s)

Nerve conduction studies (CPT 95904 & 95904-76 X13).

Decision

It is determined that the nerve conduction studies (CPT 95904 & 95904-76 X 13), billed on 04/16/01 were medically necessary to treat this patient's condition.

Rationale/Basis for Decision

This patient had radicular symptoms and further testing could help localize the lesions and more accurately direct treatment. Current perception threshold testing has been shown to detect pathology at an earlier stage.

Ref: "Quantitative sensory testing: A consensus report from the Peripheral Neuropathy Association" Neurology 43:1050-1052, 1993.

Ref: "Quantitative sensory testing". Muscle Nerve 20:198-204, 1997.

Sincerely,