

MDR Tracking Number: M5-02-2795-01

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 EMG/NCV rendered was not medically necessary.

Based on review of the disputed issues within the request, the Division has determined that EMG/NCV fees were the only fees involved in the medical dispute to be resolved. As the treatment, (EMG/NCV) was not found to be medically necessary, reimbursement for dates of service from 11/14/01 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 28<sup>th</sup> day of October 2002.

Carol R. Lawrence  
Medical Dispute Resolution Officer  
Medical Review Division

CRL/crl

October 22, 2002

Re: Medical Dispute Resolution  
MDR #: M5.02.2795.01  
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 Orthopedic and Spine Surgery.

CLINICAL HISTORY:

This is regarding a patient who is a 47-year old woman who lifted some potatoes off a baking pan and had right neck and shoulder pain, as well as right index and middle finger paresthesias.

DISPUTED SERVICES:

Denial of EMG/NCV on 11/14/01.

DECISION:

The reviewer agrees with the determination of the insurance carrier in this case. The EMG/NCV was not medically necessary.

RATIONALE FOR DECISION:

It is very unclear as to why this EMG was ordered. Examination indicates that patient's grip strength is good and deep tendon reflexes are equal. The patient did apparently have cervical muscle spasm at the time. Proper indication to order an EMG would include concern for a peripheral compressive neuropathy or a question of radiculopathy. Since the radiculopathy was the primary concern, proper initial tests to order would have been a cervical spine MRI, and there is no indication of an examination performed for compressive neuropathy and concern thereof.

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,