

MDR Tracking Number: M5-02-3275-01

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 respondent prevailed** on the issues of medical necessity. Therefore in accordance with §133.308(q)(9), the Commission hereby **Declines to Order** the respondent to reimburse the **requestor** for the paid IRO fee.

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 disputed motor and sensory nerve conduction tests and H/F reflex study were found to **not** be medically necessary. The respondent raised no other reasons for denying reimbursement for these services.

This Decision is applicable to date of service 9/21/01.

This Decision is hereby issued this 27<sup>th</sup> day of November 2002.

Noel L. Beavers  
Medical Dispute Resolution Officer  
Medical Review Division

NLB/nlb

November 15, 2002

RE: Medical Dispute Resolution  
MDR #: M5.02.3275.01  
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 certified in Chiropractic medicine.

Clinical History:

This female claimant was injured on her job on \_\_\_\_.

Disputed Services:

Nerve conduction tests and H/F reflex study.

Decision:

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

Rationale for Decision:

The documentation provided does not reflect a medically necessitated basis for the application of an NCV and H/F reflex study. It is highly inappropriate to order an NCV and H/F reflex study or an EMG study the first nine days of therapy. An NCV needs proper clinical information so that the application can be administered for correct rationale. The documentation provided offers no evidence of a disorder of the peripheral nervous system, disturbance of skin sensation, fasciculation, muscle weakness, myopathy, myositis, nerve root compression, neuritis, neuromuscular condition, plexopathy, spinal cord injury, swelling and cramps, or trauma to nerves. Thus, the application is not warranted and not appropriate to treat the patient's condition.

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,