

**THIS DECISION HAS BEEN APPEALED. THE FOLLOWING  
IS THE RELATED SOAH DECISION NUMBER:  
SOAH DOCKET NO. 453-04-2259.M5**

MDR Tracking Number: M5-04-0268-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General 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 dispute was received on September 23, 2003.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity for electrical stimulation, therapeutic activities/exercises, ultrasound therapy, subsequent office visits and nerve conduction velocity (NCV) studies. Therefore, upon receipt of this Order and in accordance with § 133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$650.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this Order.

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 respondent raised no other reasons for denying reimbursement of electrical stimulation, therapeutic activities/ exercises, ultrasound therapy, subsequent office visits and nerve conduction velocity (NCV) studies

This Findings and Decision is hereby issued this 1<sup>st</sup> day of December 2003.

Georgina Rodriguez  
Medical Dispute Resolution Officer  
Medical Review Division  
GR/gr

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 dates of service 04-15-03 through 07-16-03 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 1<sup>st</sup> day of December 2003.

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division  
RL/gr

## NOTICE OF INDEPENDENT REVIEW DECISION

November 24, 2003

Program Administrator  
Medical Review Division  
Texas Workers Compensation Commission  
7551 Metro Center Drive, Suite 100, MS 48  
Austin, TX 78744-1609

RE: MDR Tracking #: M5-04-0268-01  
IRO Certificate #: IRO4326

\_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to \_\_\_ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

\_\_\_ has performed an independent review of the rendered care 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 matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. \_\_\_'s health care professional 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

This patient sustained an injury on \_\_\_ when she slipped on some water, fell, and hit her head and landed on her right side. She has been treated with muscle relaxant and narcotic medications and a course of physical therapy. MRIs revealed a large right lateral disc herniation at C5-6, a large left lateral disc herniation at L4-5, and evidence of tendinitis of the right shoulder.

Requested Service(s)

Electrical stimulation, therapeutic activities/exercises, ultrasound therapy, subsequent visit, and nerve conduction velocity (NCV) studies from 04/15/03 through 07/16/03

Decision

It is determined that the electrical stimulation, therapeutic activities/exercises, ultrasound therapy, subsequent visit, and nerve conduction velocity (NCV) studies from 04/15/03 through 07/16/03 were medically necessary to treat this patient's condition.

Rationale/Basis for Decision

This patient had an abnormal CT scan of both the cervical and lumbar spine as well as muscle spasms. The treatment rendered was appropriate. This ongoing treatment and evaluation will possibly decrease the patient's pain and symptoms, avoiding a need for surgical intervention or other more aggressive therapies. Therefore, it is determined that the electrical stimulation, therapeutic activities/exercises, ultrasound therapy, subsequent visit, and nerve conduction velocity (NCV) studies from 04/15/03 through 07/16/03 were medically necessary.

Sincerely,