

MDR Tracking Number: M5-04-0338-01

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 assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on October 1, 2003.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity for office visits, muscle testing, nerve conduction testing, range of motion measure and report, reflex study by electrodiagnostic, neuromuscular junction testing, temperature gradient studies, conductive paste or gel, needles, supplies, betadine or phisohex solution, tape and somatosensory testing. The IRO agrees with the previous determination that services were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for dates of service for 10-10-02 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 9<sup>th</sup> day of December 2003.

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

## **NOTICE OF INDEPENDENT REVIEW DETERMINATION**

**REVISED 12/5/03**

MDR #: M5-04-0338-01

November 21, 2003

An independent review of the above-referenced case has been completed by a medical physician board certified in neurology. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by \_\_\_\_, or by the application of

medical screening criteria and protocols formally established by practicing physicians.

All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

\_\_\_ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to \_\_\_.

#### CLINICAL HISTORY

A 38-year old female who felt a pop and pulling sensation in the low back while driving a golf cart holding onto and pulling another food cart beside her.

#### REQUESTED SERVICE(S)

Office visits, electromyography, electrodiagnostic, muscle testing, nerve conduction testing, range of motion measure and report, reflex study by electrodiagnostic, neuromuscular junction testing, temperature gradient studies, conductive paste or gel, needles, supplies, betadine or phiso hex solution, tape and somatosensory testing for date of service 10/10/02.

#### DECISION

Denied.

#### RATIONALE/BASIS FOR DECISION

In agreement with previous medical evaluations. There has been nothing to indicate any injury other than musculoligamentous strain. In agreement with the American Association of Electrodiagnostic Medicine policy statement and submitted Texas Revised Civil Statutes Annotated, chiropractors are prohibited from performing electromyographic testing.