

MDR Tracking Number: M5-04-0594-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 titled Medical Dispute Resolution of a Medical Fee Dispute, 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. This dispute was received on 10-27-03.

The IRO reviewed office visits, tape, reflex studies, temperature gradient studies, NCVs, needles, electrodes, ETOH/peroxide, betadine/phisophex solution, and conductive paste/gel on 3-19-03.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. Consequently, the requestor is not owed a refund of 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.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 1-5-04, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

The requestor failed to submit relevant information to support delivery of service in accordance with Rule 133.307(g)(3)(A-F). No reimbursement recommended.

This Decision is hereby issued this 25th day of March 2004.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

December 31, 2003

Re: IRO Case # M5-04-0594-01 amended

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a Doctor of Chiropractic, who is licensed by the State of Texas, and who has met the requirements for TWCC Approved Doctor List or has been approved as an exception to the Approved Doctor List. He or she has signed a certification statement attesting 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 referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient injured her lower back, neck and right shoulder in ___ when she tripped and fell. Chiropractic treatment was initiated. The patient has had several medical evaluations, and MRIs, electrodiagnostic tests and muscle testing. She was treated with medication, therapeutic exercises and chiropractic manipulations.

Requested Service(s)

Office visits, tape, reflex studies, temp gradient studies, NCVs, needles, electrodes, ETOH/peroxide, betadine/phisophex solution, sense nerve conduction test, motor nerve conduction test, conductive paste or gel 3/19/03

Decision

I agree with the carrier's decision to deny the requested services.

Rational

In the records provided for this review, the treating D.C. did not mention the importance of the electrodiagnostic studies to determine the type, extent and intensity of treatment necessary for the benefit of this patient. Tests are only of value if treatment is to be based on the results of those tests. According to the documentation provided, the test results in this case were not clinically related to the treatment protocol. The patient did not respond to treatment prior to the date of the disputed services, and treatment also failed for several months after the services were performed. It was noted that the patient was still having significant pain as of 8/22/03. The tests yielded little useful information for the treating doctors, and were not necessary for their treatment of the patient.

The records provided support that the problem causing the patient's low back and leg pain originates in the left sacroiliac joint. The MRI of the lumbar spine was essentially normal for a person of the patient's age. This, along with the documentation, would indicate that the sacroiliac joint was the source of the patient's pain, negating the necessity of the electrodiagnostic studies.

The documentation for ranges of motion and manual muscle testing lacked measurable, quantifiable findings. No specific ranges of motion were documented, just that it was limited with pain. The documentation fails to support the necessity of the disputed services.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.