

**MDR Tracking Number: M5-04-1425-01**

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 January 21, 2004.

The Medical Review Division has reviewed the IRO decision and determined that the **requestor prevailed** on the issues of medical necessity. The 95861-needle electromyography-extremities, 95900-nerve conduction no F wave, and 95904-sensory each nerve on 02-26-03 **were found** to be medically necessary. 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 \$460.00** 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.

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

On March 22, 2004, 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 following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Max. Allowable Reimbursement)	Reference	Rationale
02-26-03	95935	\$106.00 (\$53.00x2)	\$0.00	F	\$53.00 x 2	1996 MFG	Requestor submitted relevant information to support services rendered. Therefore, this review will be reviewed according to the 1996 MFG. Recommend reimbursement of \$106.00.
TOTAL							The requestor is entitled to reimbursement of \$106.00.

## ORDER

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for 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 for date of service 02-26-03 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 8<sup>th</sup> day of October 2004.

Patricia Rodriguez  
Medical Dispute Resolution Officer  
Medical Review Division

PR/pr

## NOTICE OF INDEPENDENT REVIEW DECISION

March 12, 2004

**Re: IRO Case # M5-04-1425**  
**IRO Certificate #4599**

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 physician who is Board Certified in Neurological Surgery, 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 is a 44-year-old, rather obese female who slipped and fell while cleaning a shower in \_\_\_. She developed back pain with extension of the pain somewhat into the left lower extremity with associated numbness and tingling in the left lower extremity. Physical therapy was not helpful. An MRI on 12/17/02 showed an L4-5 disk bulge with bilateral foraminal stenosis secondary to the bulge and to facet joint changes that were present. There was flattening of the thecal sac. Other areas of the lumbar spine were thought to be essentially normal. EMG and conduction studies on 2/26/03 were normal, and conservative measures were recommended.

#### Requested Service(s)

95861 needle electromyography-extremities, 95900 nerve conduc no F wave, 95904 sensory each nerve 2/26/03

#### Decision

I disagree with the carrier's decision to deny the requested electrodiagnostic studies.

#### Rationale

The patient had findings on MRI and continued symptoms compatible with that, which were possibly secondary to nerve root compression. Electrodiagnostic testing was helpful in determining whether a surgical procedure should be entertained. The testing proved to be negative, and continued conservative measures were therefore pursued without surgical intervention. The timing for these procedures was adequate, with the findings on MRI suggesting the possibility of nerve pressure, which may have been significant enough to consider a surgical procedure. The studies were helpful in coming to conclusions regarding the patient's therapeutic course. Whether the individual performing the tests had all the necessary credentials is beyond this review, but the description of the testing performed certainly indicates that it was an adequate examination.

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