

MDR Tracking Number: M5-04-1981-01

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 3-04-04.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the unlisted neurological procedure, motor nerve conduction testing, and sensory nerve conduction testing rendered on 3/27/03 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 medical necessity 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 date of service 3/27/03 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 4th day of May 2004.

Regina L. Cleave
Medical Dispute Resolution Officer
Medical Review Division
RLC/rlc

April 27, 2004

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IRO Certificate # 5259

An independent review of the above-referenced case has been completed by a chiropractic doctor. 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

Patient is 33-year-old, 5'10", 258-pound male who sustained a compensable injury to his lower back on _____. No other information was available in terms of the history of the injury, or the treatments that were rendered.

REQUESTED SERVICE (S)

Unlisted neurological procedure (95999), nerve conduction testing, motor (95900), and nerve conduction testing, sensory (95904) for date of service 03/27/03.

DECISION

Denied.

RATIONALE/BASIS FOR DECISION

The only "records" submitted in this case were copies of explanation of benefits by the carrier, copies of the various vendors utilized in this case, copies of provider appeals letters, a single page referral for diagnostic testing from the treating doctor, and a copy of the computer-generated electrodiagnostic testing. The file was completely devoid of examination notes, radiographic (or other diagnostic) findings, or even any daily treatment notes that would otherwise substantiate the need for these tests. Therefore, their medical necessity cannot be supported.