

MDR Tracking Number: M5-04-3858-01

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 7-9-04.

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 office consultation, needle electromyography-2 limbs, muscle testing-thoracic paraspinal, motor nerve conduction test, sensory nerve conduction test, H-reflex test, limb muscle testing-manual, ROM Measurements, prolonged evaluation/management, conductive paste/gel, needles electrodes, betadine/phisohex, alcohol/peroxide and tape on 2-24-04 were not medically necessary.

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 2-24-04 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 1st day of September 2004.

Donna Auby
Medical Dispute Resolution Officer
Medical Review Division
DA/da

August 27, 2004

Texas Workers' Compensation Commission
Medical Dispute Resolution
Fax: (512) 804-4868

Re: Medical Dispute Resolution
MDR #: M5-04-3858-01
TWCC#:
Injured Employee:
DOI:
SS#:

IRO Certificate No.: 5055

Dear

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of ___ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is certified in Chiropractic Medicine and is currently on the TWCC Approved Doctor List.

REVIEWER'S REPORT

Information Provided for Review:

TWCC-60, Table of Disputed Services, EOB's

Information provided by Requestor: correspondence, office notes, EMG study, nerve conduction study and radiology report.

Information provided by Respondent: correspondence and designated doctor exam.

Clinical History:

The claimant was injured on the job on ____. She was seen on 4/16/01 for evaluation, and a treatment program was begun. On 4/19/01 SSEP testing was administered. Cervical and lumbar MRIs were rendered on 10/2/01. Cervical findings were unremarkable. Lumbar findings demonstrated a broad-based posterior spur at L5/S1 and minimal noncompressive bulges at L3/L4 and L4/L5. On 1/10/02, she was seen by a specialist who indicated the patient was at maximum medical improvement and was able to return to work regular duty.

X-rays taken on 4/16/01 indicated a severe intervertebral disc space narrowing at L5/S1 as well as mild to moderate interspace narrowing at L4/L5. On 4/16/02, the patient was evaluated by a TWCC designated doctor who agreed that the patient was at maximum medical improvement and received a 5% whole person impairment rating.

There are no additional records provided in this file until 2/3/04, which is approximately 2 years after the injured employee had been placed at maximum medical improvement. The patient had indicated she has not received treatment since November of 2002 for this on the job injury. There appears to be a new complaint of numbness in the right hip and the right big toe. The treating doctor had referred the patient to a neurosurgeon,

and the report dated January 10, 2002 indicated she had severe low back pain, which started radiating to the left leg. On that day, she states that the leg pain was intermittent and was not present all the time. She also indicated she was doing much better. Neurological exam performed by the neurosurgeon on that date was essentially normal, and there was no weakness or atrophy present in the lower extremities. Sensory examination was normal for pain and touch bilaterally. Reflexes were symmetrical and normal.

Disputed Services:

Office consultation, needle electromyography-2 limbs, muscle testing-thoracic paraspinal, motor nerve conduction test, sensory nerve conduction test, H-reflex test, limb muscle testing-manual, ROM measurements, prolonged evaluation/management, conductive paste/gel, needles, electrodes, betadine/phisohex, alcohol/peroxide and tape on 02/24/04.

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that the treatment, services and supplies in dispute as stated above were not medically necessary in this case.

Rationale:

National treatment guidelines allow for electrodiagnostic testings for injuries of this nature. However, after thoroughly reviewing the records, there is no documentation or clinical justification for the denied services dated 2/24/04.

Sincerely,