

MDR Tracking Number: M5-05-0344-01

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 (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 September 27, 2004.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. 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.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The initial consultation, office visit, needle EMG, motor NCV with F wave, NCV sensory testing, H reflex amplitude and latency studies, and bilateral for 06-09-04 and 06-25-04 **were found** to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with Medicare program reimbursement methodologies for dates of service after August 1, 2003 per Commission Rule 134.202 (c) 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 to dates of service 06-09-04 and 06-25-04 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 3rd day of December 2004.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

PR/pr

Enclosure: IRO decision

MEDICAL REVIEW OF TEXAS

[IRO #5259]

3402 Vanshire Drive

Austin, Texas 78738

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NOTICE OF INDEPENDENT REVIEW DETERMINATION

REVISED 11/17/04

TWCC Case Number:	
MDR Tracking Number:	M5-05-0344-01
Name of Patient:	
Name of URA/Payer:	Pedro Nosnik, MD
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician:	Adam Rodriguez, DC
(Treating or Requesting)	

November 9, 2004

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 Texas Medical Foundation, 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

Medical Review of Texas (MRT) 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 MRT.

Sincerely,

Michael S. Lifshen, MD
Medical Director

cc: Texas Workers Compensation Commission

REVISED 11/17/04

CLINICAL HISTORY

Documents Reviewed Included the Following:

1. Notification of IRO Assignment, Table of Disputed Services, Carrier EOBs, copies of HCFA billing
2. Initial Consultation Report dated 06/09/04 with reports and results of electrodiagnostic testing
3. Follow-up office visit note and TWCC-73 dated 06/25/03
4. Carrier request for peer review dated 05/05/04
5. Peer review report dated 05/18/04

Patient is a 33-year-old female who, on ____, strained her lower back after lifting a case of water. She treated initially with medication and epidural steroid injections with some benefit, but at some undisclosed time, changed to a treating doctor of chiropractic. He subsequently referred her to a neurologist for consultation and electrodiagnostic work up.

REQUESTED SERVICE(S)

Initial consultation (99244), office visit (99213), needle EMG (95861), motor NCV with F wave (95903), NCV sensory testing (95904), H reflex amplitude and latency studies, and bilateral (95934) for dates of service 06/09/04 and 06/25/04.

DECISION

Approved.

RATIONALE/BASIS FOR DECISION

Although the specific designated doctor examination and report were not available for review, the peer review report stated that the designated doctor opined on 02/17/04 that the patient was not at MMI and required additional treatment. On that basis, and also due to the positive neurological findings reported on the initial neurological consultation, the medical necessity of the referral and the corresponding electrodiagnostic tests were supported. In addition, the peer reviewer failed to offer substantiated reasoning in support of his claim that additional treatment and/or diagnostics were unnecessary.