

MDR Tracking Number: M5-05-0552-01

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 10-15-04.

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 nerve conduction testing, sensory nerve conduction testing, somatosensory testing and H-reflex testing 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 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 to date of service 10-23-03 in this dispute.

This Findings and Decision and Order are hereby issued this 26<sup>th</sup> day of January 2005.

Debra L. Hewitt  
Medical Dispute Resolution Officer  
Medical Review Division

DLH/dlh

Enclosure: IRO decision

January 24, 2005

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

Re: Medical Dispute Resolution  
MDR #: M5-05-0552-01  
TWCC#:  
Injured Employee:  
DOI:  
SS#:  
IRO Certificate No.: IRO 5055

Dear Ms. \_\_\_\_:

IRI has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, IRI 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 Independent Review, Inc. 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 licensed in chiropractic and is currently on the TWCC Approved Doctor List.

Sincerely,

Gilbert Prud'homme  
Secretary & General Counsel

GP:thh

**REVIEWER'S REPORT**  
**M5-05-0552-01**

**Information Provided for Review:**

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

Information provided by Requestor:

- Letter of medical necessity
- Nerve conduction study 10/23/03

Information provided by Respondent:

- Designated doctor review

Information provided by Treating Doctor:

- Office notes 11/19/03 – 05/12/04
- FCE 11/13/03 – 01/27/04
- Radiology reports 10/21/03 – 10/27/03

Information provided by Pain Mgmt. Specialist:

- Office note 12/16/03

Information provided by Spine Surgeon:

- Office note 11/19/03

Information provided by Orthopedic Surgeon:

- Office notes 01/14/04 – 03/30/04

Information provided by Neurologist:

- Office note 03/09/04

**Clinical History:**

This patient underwent physical medicine treatments, diagnostic imaging and electrodiagnostic testing after sustaining an on-the-job injury of his back on \_\_\_\_.

**Disputed Services:**

Nerve conduction testing, sensory nerve conduction testing, somatosensory testing, and H-reflex testing on 10/12/03.

**Decision:**

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that the testing in dispute as stated above was medically necessary in this case.

**Rationale:**

According to the Milliman Care Guidelines <sup>1</sup>, electrodiagnostic testing is indicated for disorders of the peripheral nervous system when there is (1) a potential diagnosis of lumbar radiculopathy involving neurologic symptoms and (2) a lack of response to prior treatment. Based on those guidelines and the records submitted, the disputed diagnostic tests were indicated and medically necessary in this case since the diagnosis was lumbar radiculopathy and since the patient had not responded to prior treatment.

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<sup>1</sup> Milliman Care Guidelines, *Ambulatory Care* 8th Edition. Copyright © 1996, 1997, 1999, 2001, 2002 Milliman USA, Inc.