

**THIS DECISION HAS BEEN APPEALED. THE FOLLOWING
IS THE RELATED SOAH DECISION NUMBER:**

SOAH DOCKET NO. 453-05-4146.M5

MDR Tracking Number: M5-05-0848-01

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 11/12/04.

The 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 motor nerve conduction testing, sensory nerve conduction testing, H-reflex testing, muscle test/2 limbs for date of service 1/13/04 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 was the only issue** to be resolved. As the motor nerve conduction testing, sensory nerve conduction testing, H-reflex testing, muscle test/2 limbs were not found to be medically necessary, reimbursement for date of service 1/13/04 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 19th day of January 2005.

Pat DeVries
Medical Dispute Resolution Officer
Medical Review Division

PRD/prd

Enclosure: IRO Decision

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IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

January 15, 2005

Re: IRO Case # M5-05-0848

Texas Worker's Compensation Commission:

Envoy Medical Systems, LP (Envoy) 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, Rule 133.308 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 Envoy for an independent review. Envoy has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, Envoy 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 Envoy 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 Envoy reviewer who reviewed this case, based on the medical records provided, is as follows:

Medical Information Reviewed

1. Table of disputed service
2. Explanation of benefits
3. Records from Dr. Merritt
4. MDR letter 12/3/04
5. Report Dr. Twomey 10/29/03
6. Report Dr. Pracyk 10/14/03
7. Consultation report Dr. Pracyk 9/9/03
8. Consultation report Dr. Theo 3/24/03
9. Pain management consultation report Dr. Bosscher 3/1/03
10. DDE report Dr. Golovko 12/22/03
11. RME report Dr. McAlpin 6/23/03

12. DDE report Dr. Martin 4/1/03
13. MRI report 2/10/03

History

The patient injured his lower back in ___ when he was lifting 100 pound objects over his head. He has been evaluated with MRI and an electrodiagnostic study. He has been treated with medication, lumbar epidural steroid injections and chiropractic treatment.

Requested Service(s)

Motor nerve conduction testing, sensory nerve conduction testing, H-reflex testing, muscle test/2 limbs 1/13/04

Decision

I agree with the carrier's decision to deny the requested testing.

Rationale

The patient is a 64-year-old female who in ___ was lifting boxes of files and developed a sudden onset of pain in her low back that soon extended into the right lower extremity. Multiple tests have been performed, including MRI evaluation, and there have been multiple consultation examinations without reaching any definite conclusions regarding the patient's trouble. One would have to assume that the chronic changes present on MRI caused an aggravation of symptoms at the time of the lifting incident, and persistent pain has developed without any surgically correctable pathology.

Based on the records provided for this review, electrodiagnostic testing was not medically necessary on 1/13/04. The patient had reached maximum medical improvement, and on examination there was no reflex, sensory or motor deficit. The patient had chronic changes in her lumbar spine that probably account for her trouble, and her problem was being managed by a pain specialist. I can think of no electrodiagnostic testing results that, under these circumstances, would lead to a different therapeutic approach. When nothing can be accomplished therapeutically by the results of a test, the test is not indicated.

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

Daniel Y. Chin, for GP