

NOTICE OF INDEPENDENT REVIEW DECISION

January 16, 2003

RE: MDR Tracking #: M2-02-0906-01
IRO Certificate #: IRO4326

The ___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a ___ physician reviewer who is board certified in chiropractic care which is the same specialty as the treating physician. The ___ physician reviewer has signed a certification statement stating 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 the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This 61 year old male sustained a work-related injury on ___ when, while lifting an approximately 50 pound trunk, he felt his right hip "give way" and experienced immediate pain. On initial evaluation, he was diagnosed with an acute right inguinal hernia, strain of the right psoas musculature, sprain of the right hip, spasm and strain of the lumbar spine, and dysfunction of the bilateral sacroiliac joints. Further evaluation determined that the patient did not suffer a true hernia but rather just a strain. The patient continues to complain of low back pain, right hip and right lower extremity pain and weakness, despite extensive conservative treatment. The treating doctor has requested authorization for repeat electromyogram (EMG) nerve conduction velocity (NCV) studies.

Requested Service(s)

EMG and NCV studies

Decision

It has been determined that the EMG and NCV studies are not medically necessary.

Rationale/Basis for Decision

According to the information presented for review, the patient had an EMG and NCV on 07/28/01, which showed a lower sensory neuropathy but no acute or chronic motor radiculopathy in the lower extremities. In addition, the patient's symptoms have not changed since the previous EMG and NCV. He continues to complain of pain in the right hip, weakness in the right lower extremity, and his pain level is still 7 on a scale of 10. The treating physician also has not provided any objective findings, such as deep tendon reflexes, muscle strength testing, sensory testing, etc, to justify repeat testing. Therefore, the EMG and NCV are not medically necessary.

This decision by the IRO is deemed to be a TWCC decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (10) days of your receipt of this decision (20 Tex. Admin. Code 142.5 (c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

Sincerely,

cc: Rosalinda Lopez, Program Administrator, Medical Review Division, TWCC

In accordance with Commission Rule 102.4 (h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 16h day of January 2003.
