

MDR Tracking Number: M2-04-1065-01
IRO Certificate # 5259

April 13, 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 ___ 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

___ 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 ___.

CLINICAL HISTORY

Patient was a 44-year-old female who was injured on ___ when she lifted a pool while working for ___. She underwent conservative care with a doctor of chiropractic and physical therapy, and when that produced less than desirable results, she eventually received facet injections.

REQUESTED SERVICE (S)

Prospective review for a needle EMG and an NCV of the lower extremities

DECISION

Denied.

RATIONALE/BASIS FOR DECISION

The basis for this test on examination is simply not supported as medically necessary. First of all, the same test, performed in March of 2002, revealed a completely negative study. Further, a designated doctor examination performed just this past week – an examination that carries presumptive weight in the TWCC system – revealed “evidence of lumbosacral injury without radiculopathy or loss or motion segment integrity” [emphasis added].

In addition, a review of the medical records on this patient reveals an essentially unchanged presentation over several months. Therefore, the argument that a significant deterioration in the patient's clinical presentation necessitates this electrodiagnostic study cannot be supported.

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** (ten) calendar days of your receipt of this decision (20 Tex. Admin. Code 142.5©)

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) calendar 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 or the date of fax (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings/Appeals Clerk
Texas Workers' Compensation Commission
P.O. Box 17787
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

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 15th day of April 2004.