



Texas Medical Foundation

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NOTICE OF INDEPENDENT REVIEW DECISION

November 22, 2004

Requestor

Cotton D. Merritt, DC
ATTN: ____
2005 Broadway
Lubbock, TX 79401

Respondent

TASB Risk Management Fund
ATTN: ____
P.O. Box 2010
Austin, TX 78717

RE: Injured Worker:
MDR Tracking #: M2-05-0280-01
IRO Certificate #: IRO4326

The Texas Medical Foundation (TMF) 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 TMF for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

TMF 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 matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in Chiropractic Medicine. TMF's health care professional 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 TMF 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 50 year-old female injured her back on ____ when she slipped on a wet floor. She has been diagnosed with failed lumbar fusion at the L4/L5 level and chronic myofascial pain syndrome traumatically induced. She has been treated with therapy, epidural steroid injections, surgery, and medications.

Requested Service(s)

Proposed Nerve Conduction Velocity/Electromyogram testing of the bilateral lower extremities

Decision

It is determined that there is no medical necessity for the proposed Nerve Conduction Velocity (NCV)/Electromyogram (EMG) testing of the bilateral lower extremities to treat this patient's medical condition.

Rationale/Basis for Decision

Medical record documentation indicates this patient has been an active participant in a chronic pain management program since early August 2004. By definition, her presence in the program suggests that all possible treatments have already been attempted and have failed prior to her entrance into that treatment regimen.

Furthermore, the treating doctor of chiropractic who is requesting the NCV/EMG testing has documented as his basis for the testing, "The outcome of the evaluation will allow for proper treatment," and that "the outcome will affect her current treatment plan in that it will guide continued pain management techniques or allow for orthopedic referral and treatment for the radiculopathy." However, this is contrary to the rest of the medical record that demonstrates that the patient is not considered to be a good candidate for an additional surgery, that she has already consulted with other of orthopedists, and that she has already received extensive medications and treatments for her radiculopathy. The treating doctor of chiropractic has failed to supply a basis to support his claim that these diagnostic tests would affect the treatment plan. Therefore, the proposed NCV/EMG testing of the bilateral lower extremities is not medically necessary to treat this patient's medical condition.

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** (ten) calendar days of your receipt of this decision (28 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) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.5(d)). A request for 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, Fax: 512-804-4011.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in this dispute.

Sincerely,

Director of Medical Assessment

GBS:dm
Attachment

cc: ____, Injured Worker
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 22nd day of November 2004.

Signature of IRO Employee:

Printed Name of IRO Employee:

Information Submitted to TMF for TWCC Review

Patient Name:

TWCC ID #: M2-05-0280-01

Information Submitted by Requestor:

- Requestors Position

Information Submitted by Respondent:

- Utilization Review
- Pain Management Program Notes
- Consult
- Progress Notes Dr. M
- Impairment Rating
- Psychology Exam
- Functional capacity evaluation
- Procedures
- Diagnostic Tests
- Progress Notes ____ LPT
- Texas Back Institute Notes 1995 – 2002
- Progress Note Miscellaneous Providers 1996 – 2002
- Emergency Room Records
- Claims