

MCMC

IRO Medical Dispute Resolution M2 Prospective Medical Necessity IRO Decision Notification Letter

Date:	09/20/2005
Injured Employee:	
Address:	
MDR #:	M2-05-2098-01
TWCC #:	
MCMC Certification #:	IRO 5294

REQUESTED SERVICES:

Please review the item(s) in dispute: Pre-authorization denied for surface nerve conduction velocity studies (NCV) bilateral lower extremities.

DECISION: Upheld

IRO MCMC llc (MCMC) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO) to render a recommendation regarding the medical necessity of the above disputed service.

Please be advised that a MCMC Physician Advisor has determined that your request for an M2 Prospective Medical Dispute Resolution on 09/20/2005, concerning the medical necessity of the above referenced requested service, hereby finds the following:

Uphold denial of NCV bilateral lower extremities.

CLINICAL HISTORY:

The injured individual is a 45 year old male with a diagnosis of lumbar failed back surgery syndrome (FBSS). The injured individual has had physical therapy (PT) in 03/2005 to 04/2005. He complained of low back pain radiating to the bilateral thighs. There is no documentation of prior tests, post-surgical tests or treatment, or any current and specific neurological findings, which would support doing an NCV.

RATIONALE:

The injured individual is a 45 year old male with date of injury _____. The NCV is denied as there is no evidence of any focal neurological deficit to warrant this test.

RECORDS REVIEWED:

- TWCC Notification of IRO Assignment dated 07/21/05
- MCMC: IRO Medical Dispute Resolution M2 Prospective Pre-Authorization dated 07/20/05
- MR-117 dated 07/05/05
- TWCC-60
- Downs-Stanford, PC: Letters dated 07/27/05 and 07/19/05 from John Fundis

- Intracorp: Workers' Compensation Physician Advisor Review dated 04/19/05 from Linda Miller, MD
- Sedgwick CMS: Report dated 05/25/05 from Tanya Conner, RN
- Sedgwick CMS: Report dated 06/02/05 from Sedgwick Managed Care

The reviewing provider is a **Licensed/Boarded Pain Management/Anesthesiologist** and certifies that no known conflict of interest exists between the reviewing **Pain Management/Anesthesiologist** and any of the treating providers or any providers who reviewed the case for determination prior to referral to the IRO. The reviewing physician is on TWCC's Approved Doctor List.

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) days or your receipt of this decision (28Tex.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) days of your receipt of this decision (28Tex.Admin. Code 148.3©.)

This decision is deemed received by you 5 (five) days after it was mailed (28Tex.Admin. Code 102.4(h)(2) or 102.5(d)). A request for a hearing **and a copy of this decision** should 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 the decision shall deliver a copy of its written request for a hearing to all other parties 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

20th day of September 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____