

MDR Tracking Number: M5-03-0292-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective January 1, 2002 and Commission Rule 133.305 and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent.

The request for medical dispute resolution was submitted on 9-18-02; therefore, dates of service prior to 9-18-01 were not submitted timely per Rule 133.308(e)(1).

The IRO reviewed office visits and diagnostics rendered from 11-1-01 to 4-25-02 that were denied based upon "U".

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. Consequently, the requestor is not owed a refund of the paid IRO fee.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

This Decision is hereby issued this 12<sup>th</sup> day of August 2003.

Elizabeth Pickle  
Medical Dispute Resolution Officer  
Medical Review Division

May 14, 2003

David Martinez  
TWCC Medical Dispute Resolution  
4000 IH 35 South, MS 48  
Austin, TX 78704

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IRO #: 5251

\_\_\_ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this 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 care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Doctor of Chiropractic. The \_\_\_ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors 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 the dispute.

#### CLINICAL HISTORY

This patient was injured on the job when she slipped on a wet floor on \_\_\_\_. X-rays were taken at a hospital ER and were negative. She later began treatment with \_\_\_ and was diagnosed with a cervical and lumbar sprain/strain. Records are hazy as to whether a diagnosis of radiculitis was eventually confirmed in this case. While the office notes of \_\_\_ are indicative of a positive EMG, no EMG report is presented in this package. ESI therapy was performed by \_\_\_ on February 4, 2000. \_\_\_, found her at MMI with 1% impairment on April 11, 2000 at the request of the insurer. The designated doctor, \_\_\_, assigned 2% whole person impairment.

#### DISPUTED SERVICES

The carrier has denied the medical necessity of range of motion measurements, needle EMG, nerve conduction velocity, H or F reflex studies, physical performance muscle testing and MP office outpatient visits without a peer review from the dates of July 30, 2001 through April 25, 2002.

#### DECISION

The reviewer agrees with the prior adverse determination.

#### BASIS FOR THE DECISION

The requestor on this case has not documented any of the services in dispute. There is no demonstration of medical necessity of the treatment, which was rendered. The file contains no record of the neurodiagnostics, which are in dispute or of any of the other studies, which have been denied on medical necessity. I see in this file that the doctors who have reviewed this have generally disagreed as to the diagnosis, but the designated doctor and the RME doctor both have very similar impairments of 1% and 2% and from what these records indicate the patient was most likely a sprain/strain patient. The level of care rendered was inappropriate for this case from the documentation presented and I am unable to find medical necessity in this case considering what was presented.

\_\_\_ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. \_\_\_ has made no determinations regarding benefits available under the injured employee's policy.

As an officer of \_\_\_, I certify that there is no known conflict between the reviewer, \_\_\_ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

\_\_\_ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,