

MDR Tracking Number: M5-03-0434-01

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 Medical Review Division has reviewed the IRO decision and determined that the requestor prevailed on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(q)(9), the Commission hereby orders the respondent and non-prevailing party to refund the requestor \$650.00 for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

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

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity was the only issue to be resolved. The NCV, H-reflex and needle EMG studies were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for NCV, H-reflex and needle EMG charges.

This Finding and Decision is hereby issued this 7th day of May 2003.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division

MQO/mqo

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to date of service 12/19/01.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 7th day of May 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/rl

May 1, 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 proposed care 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.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Medical Doctor who is specialized and board certified in physical medicine and rehabilitation. 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

___ is a 40-year-old woman who was attempting to respond to helping her manager when she slipped and fell, injuring her back and neck. Since that time she has had pain in her back that radiates into her legs and arms.

She was treated conservatively and evaluated by ___, who recommended an MRI of the neck and lumbar spine. He also recommended ESIs. This has given her relief, and she has

also had relief with conservative treatment. A post-lumbar discogram was obtained, and it indicated that she has a herniated disc at more than one level.

On 11/30/01, ___ requested EMG/nerve conduction studies that were carried out on 12/19/01 by ___, who identified left L4/5 S1 radiculopathy by EMG and moderate left median nerve neuropathy at the wrist. The carrier denied the medical necessity of these studies.

DISPUTED SERVICES

Under dispute is the medical necessity of NCV, H-reflex and needle EMG studies for this patient.

DECISION

The reviewer disagrees with the prior adverse determination.

BASIS FOR THE DECISION

___ had inconclusive evidence from her MRI studies while clinical evidence of radiculopathy was present.

The tests were ordered by a qualified orthopedic surgeon in a very appropriate manner. The tests were done in a professional format. The tests identified pathology. The reviewer finds that the disputed NCV, H-reflex and needle EMG studies were clearly medically necessary.

___ 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,