

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.

Per Rule 133.304 (d)(1), all services prior to 11/7/01 exceed the one year deadline and were therefore not eligible for review. The IRO determined the office visit was medically necessary. The IRO also determined the nerve conduction studies, somatosensory studies and the H&F reflex studies were not medically necessary. As the amount due for the services not medically necessary exceed the amount of those determined medically necessary, the Medical Review Division has reviewed the IRO decision and determined **the requestor did not prevail** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(q)(9), the Commission Declines to Order the respondent to refund the requestor for 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.

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 disputed office visit was found to be medically necessary. The respondent raised no other reasons for denying reimbursement.

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 11/7/01.

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 3rd day of January 2003.

Noel L. Beavers  
Medical Dispute Resolution Officer  
Medical Review Division

NLB/nlb

## NOTICE OF INDEPENDENT REVIEW DECISION

Date: December 10, 2002

Requester/ Respondent Address : Rosalinda Lopez  
TWCC  
4000 South IH-35, MS-48  
Austin, Texas 78704-7491

RE: MDR Tracking #: M5-03-0439-01  
IRO Certificate #: 5242

\_\_\_ 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 \_\_\_ 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, 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 Chiropractic physician reviewer. The Chiropractic physician reviewer 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 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

The claimant was injured at work on \_\_\_ while trying to lift a box of coins. She reported suffering injuries to her lumbar spine. The Chiropractor treated the claimant for her work injuries. The claimant received therapeutic exercises, myofascial release, joint mobilization and manual traction for her injury. A MRI was performed and was negative. On 11/07/01 a nerve conduction study was performed and was also negative. At that time the claimant was released from care with home exercises.

### Requested Service(s)

Review the medical necessity of the office visit, nerve conduction studies, somatosensory testing and H&F reflex studies that were performed on 11/07/2001.

## Decision

I disagree with the insurance company on the denial of the office visit dated 11/07/01. I agree with the insurance company on the denial of the nerve conduction studies, the somatosensory studies and the H&F reflex studies.

## Rationale/Basis for Decision

Since the patient was currently under treatment for her work injury, it would be reasonable that she reported to her treating doctor on 11/07/01 for an office visit. The injured worker was evaluated and was given instructions for a home exercise program that would continue her care. The Doctor documented in his notes on the day of testing that the patient had pain of a 1 in her lumbar region. The patient did not report any sensory changes or any radicular pain. Without either of these symptoms and with a normal MRI, any additional tests would not be medically necessary. The supplied documentation showed no objective evidence of any possible nerve root involvement or nerve impingement. The nerve conduction study, somatosensory study and the H&F reflex study performed on 11/07/01 are not seen as medically necessary.

This decision by the IRO is deemed to be a TWCC decision and order.