

MDR Tracking Number: M5-03-1214-01

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 (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that nerve conduction sturdy, H or F reflex study and office consultation were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Division has determined that nerve conduction sturdy, H or F reflex study and office consultation fees were the only fees involved in the medical dispute to be resolved. As the treatment was not found to be medically necessary, reimbursement for date of service 2/15/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 9<sup>th</sup> day of May 2003.

Carol R. Lawrence  
Medical Dispute Resolution Officer  
Medical Review Division

CRL/crl

April 11, 2003

#### **NOTICE OF INDEPENDENT REVIEW DECISION**

**RE: MDR Tracking #: M5-03-1214-01**

\_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). \_\_\_ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to \_\_\_ for independent review in accordance with this Rule.

\_\_\_ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing chiropractor on the \_\_\_ external review panel. The \_\_\_ chiropractor reviewer signed a statement certifying that no known conflicts of interest exist between this chiropractor and any of the treating physicians or providers or any of the

physicians or providers who reviewed this case for a determination prior to the referral to \_\_\_ for independent review. In addition, the \_\_\_ chiropractor reviewer certified that the review was performed without bias for or against any party in this case.

### Clinical History

This case concerns a 61 year-old male who sustained a work related injury on \_\_\_\_. The patient reported that while at work, he was involved in a motor vehicle accident. The patient is a school bus driver and on \_\_\_\_ the patient was driving his bus when it was hit by another vehicle on the driver's side. The patient reported that he was thrown to the left and right when hit. The patient's diagnoses included disc displacement of the Cervical-Spine, and left shoulder sprain/strain. The patient was referred for physical therapy and an MRI.

### Requested Services

Nerve conduction study, H or F reflex study, and office consultation on 2/15/02.

### Decision

The Carrier's determination that these services were not medically necessary for the treatment of this patient's condition is upheld.

### Rationale/Basis for Decision

The \_\_\_ chiropractor reviewer noted that the patient had arm pain that rated a 5 to 6 out of 10 on 1/8/02. The \_\_\_ chiropractor reviewer also noted that on 1/25/02 the patient had described the same arm pain as a 1/10 with intermittent mild pain radiating into the left arm. The \_\_\_ chiropractor reviewer explained that this was good progress in two and a half weeks. The \_\_\_ chiropractor reviewer indicated that the documentation provided did not support the need for an

NCV exam. The \_\_\_ chiropractor reviewer explained that this test is helpful in cases where unresolved radicular symptoms are present. The \_\_\_ chiropractor reviewer also explained that this patient did not complain of numbness or tingling in the arm or hand that would indicate the need for an NCV examination. Therefore, the \_\_\_ chiropractor consultant concluded that the nerve conduction study, H or F reflex study and office consultation on 2/15/02 was not medically necessary to treat this patient's condition.

Sincerely,

\_\_\_\_\_