

MDR Tracking Number: M5-03-2107-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General 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 dispute was received on June 30, 2003.

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(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** 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 electrodiagnostic studies were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for electrodiagnostic studies charges.

This Findings & Decision is issued this 26th day of August 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 6/24/02.

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 26th day of August 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/mqo

August 6, 2003

Re: Medical Dispute Resolution
MDR #: M5-03-2107-01
IRO Certificate No.: IRO 5055

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is Certified in Chiropractic Medicine.

Clinical History:

This male claimant injured his low back in a work-related accident on ___. He underwent a series of electrodiagnostic studies on 06/24/02 to determine the specific area of injury.

Disputed Services:

Electrodiagnostic studies on 06/24/02.

Decision:

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that the studies in question were medically necessary in this case.

Rationale:

The MRI and CT imaging may show structural abnormalities, but they do not reveal whether or not the abnormality is symptomatic or if the patient's condition is due strictly to radiculopathy or peripheral nerve irritation. AAEM Guidelines clearly show a correlation between the benefit of performing MRI and CT scans in conjunction with electrodiagnostic studies.

It is absolutely necessary to determine as specifically as possible where the lesion is located in order that appropriate treatment will be rendered. For example, the doctor should know where a nerve entrapment or disc lesion is located so as to properly administer epidural steroid injections.

According to Texas Labor Code 408:021(a), an employee is entitled to the care reasonably required in association with their injury and the treatment thereof. If the patient's condition is not stable, the care to maintain and promote healing is medically necessary.

I am the Secretary and General Counsel of ___ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Sincerely,