

MDR Tracking Number: M5-03-2606-01

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 6, 2003.

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 the EMG and supplies, office consultation, temperature gradient study, nerve conduction study, H and F reflex study, and miscellaneous supplies, range of motion testing, and muscle testing 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 fees were the only fees involved in the medical dispute to be resolved. As the treatment EMG and supplies, office consultation, temperature gradient study, nerve conduction study, H and F reflex study, and miscellaneous supplies, range of motion testing, and muscle testing was not found to be medically necessary, reimbursement for date of service 11/11/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 5th day of September 2003.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division

MQO/mqo

NOTICE OF INDEPENDENT REVIEW DECISION

August 27, 2003

Rosalinda Lopez
Program Administrator
Medical Review Division
Texas Workers Compensation Commission
4000 South IH-35, MS 48
Austin, TX 78704-7491

RE: MDR Tracking #: M5-03-2606-01
IRO Certificate #: IRO 4326

___ 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 rendered 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 matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. ___ health care professional 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

This patient sustained an injury while pushing a fold-over chute up and felt tension and pain to his lower back on ___. He saw a chiropractor for treatment and therapy. A lumbar MRI dated 10/17/01 revealed a broad-based bulge at L5-S1 with facet arthropathies. He underwent lumbar epidural steroid injections which gave him some relief. Electromyography and nerve conduction velocity studies from 11/11/02 were normal.

Requested Service(s)

EMG and supplies, office consultation, temperature gradient study, nerve conduction study, H and F reflex study, and miscellaneous supplies, range of motion testing, and muscle testing from 11/11/02

Decision

It is determined that the EMG and supplies, office consultation, temperature gradient study, nerve conduction study, H and F reflex study, and miscellaneous supplies, range of motion testing, and muscle testing from 11/11/02 were not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

This patient was involved in an occupational accident, which apparently resulted in soft tissue injuries with little or no complications. An MRI revealed a single level disc bulge with no apparent neural compromise. Similarly, there is no submitted documentation to suggest that the patient had objective findings to substantiate the presence of neural involvement of the lower extremity nerve entities. The initial examination, as well as the exam by a consultant referral, reveals no objective findings to develop the rationale for these studies some 18 months past the date of injury. The exams performed by two different providers indicate that the reflexes are within normal limits as well as gross motor strength and sensation. The exam performed on 11/11/02 does not provide the necessary objective rationale especially in the absence of any earlier positive neurologic findings from the initial date of service on ___ through 11/10/02, some 18 months later. This exam alludes to positive neurological findings; however, they are not specific enough to override the normal findings previously recorded.

As stated previously, the patient, at the time of electrodiagnostic testing, was 18 months post injury for a minimally complicated soft tissue injury. The time for treatment and investigative diagnostic testing had long expired. Therefore, it is determined that the EMG and supplies, office consultation, temperature gradient study, nerve conduction study, H and F reflex study, and miscellaneous supplies, range of motion testing, and muscle testing from 11/11/02 were not medically necessary.

Sincerely,