

MDR Tracking Number: M5-03-2631-01

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 6/16/03.

The Medical Review Division has reviewed the IRO decision and determined, the total amount recommended for reimbursement does not represent a majority of the medical fees of the disputed healthcare and therefore, the **requestor did not prevail** in the IRO decision. Consequently, the requestor is not owed a refund of 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 office visit on 7/31/02 and office visit and injection on 9/24/02 were found to be medically necessary. The remaining treatments rendered including PPE and EMG/NCV were not found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these office visit on 7/31/02 and office visit and injection on 9/27/02 charges.

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 dates of service 7/29/02 through 9/24/02 in this dispute.

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 22<sup>nd</sup> day of August 2003.

Carol R. Lawrence  
Medical Dispute Resolution Officer  
Medical Review Division  
CRL/cl

August 11, 2003

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IRO Certificate# 5259

An independent review of the above-referenced case has been completed by a medical physician [board certified] in neurology. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by \_\_\_\_, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

\_\_\_\_ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to \_\_\_\_.

#### CLINICAL HISTORY

A 27 year old female injured at work \_\_\_\_ when, while sitting in her chair, she reached and twisted to receive a box of files. She suffered an acute sharp, burning, pulling, low back pain traveling into her left leg initially. Subsequently she reported right lower extremity symptoms. She had an initial response followed by subsequent exacerbation of symptoms and spread of pain rather diffusely. She has had extensive treatment for lumbar strain. MRI scan of the lumbar spine on 02/04/2002 showed moderate desiccation and at least mild loss in height selectively involving the L4-5 disc with a central disc bulge/protrusion. The remainder of the lumbar spine was normal. She has continued to have pain despite prolonged treatment.

#### REQUESTED SERVICE(S)

07/29/2002 Physical Performance Evaluation in the amount of \$344, date of service 07/31/02 office visit in the amount of \$48, date of service 07/31/02 in the amount of \$943 for EMG/NCV, and date of service 09/24/02 in the amount of \$88.

#### DECISION

1. Date of service 07/29/02 Physical Performance Evaluation in the amount of \$344; denied.
2. Date of service 07/31/02 in the amount of \$48; approved.
3. Date of service 07/31/02 in the amount of \$943, EMG/NCV; denied
4. Date of service 09/24/02 in the amount of \$88; approved.

#### RATIONALE/BASIS FOR DECISION

1. I see no indication whatsoever for a repeat Physical Performance Evaluation, 07/29/02, when the patient had a PPE on 05/08/02 (with, it should be noted, the same or similar findings).
2. Office follow-up visit indicated certainly as per standard of care and \_\_\_ designated doctor evaluation of 05/30/02 reporting that the patient was not a maximal medical improvement.
3. Denial of EMG/NCV. There was no convincing evidence from the patient's history of examination (or, for that matter, from the results of the actual EMG/NCV) or from the MRI scan of the lumbar spine of 02/04/02 that there was any indication of lumbosacral radiculopathy.
4. Approval for the date of service 09/24/02 again for follow-up visit evaluation.