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 the somatosensory evoked potential testing was not medically necessary.

Based on review of the disputed issues within the request, the Division has determined that the somatosensory evoked potential testing fee was the only fee involved in the medical dispute to be resolved. As the treatment was not found to be medically necessary, reimbursement for dates of service March 3, 2001 and July 16, 2001 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 21st day of March 2002.

Marguerite Foster, Medical Dispute Resolution Officer
Medical Review Division

MFF/mff

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and subsequently re-delegated by Virginia May, Deputy Executive Director.

Enclosure: IRO decision

March 20, 2002

Texas Workers' Compensation Commission
David R. Martinez, Chief
Medical Dispute Resolution
4000 South IH-35, MS 40
Austin, TX 78704-7491

Attention: Marguerite Foster

Re: Medical Dispute Resolution
MDR #: M5-02-1968-01
TWCC File #:
Injured Employee:
DOI: SS#:
IRO Certificate No.:

Dear Ms. Foster:

___ 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 Doctor of Chiropractic Medicine.

THE REVIEWER OF THIS CASE AGREES WITH THE DETERMINATION MADE BY THE INSURANCE CARRIER.

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.

We are forwarding herewith a copy of the referenced Medical Case Review with reviewer's name redacted.

Sincerely,

Secretary & General Counsel

MEDICAL CASE REVIEW

This is ___, D.C. for ___. I have reviewed the medical information forwarded to me concerning TWCC Case File #M5-02-1968-01, in the area of Chiropractic Neurology. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

1. TWCC Medical Dispute Resolution form, dated 2/26/02.
2. ___review of case, dated 2/28/02.
3. ___ Initial and Final Narrative, dated 2/27/01 and 11/13/01.
4. MDR position statement, Dr. ___, dated 1/17/01.
5. Accident Report, ___, dated 1/24/01.
6. SOAP notes, ___, dated 2/07/01 to 10/12/01.
7. Medical and patient history forms, ___, dated 2/07/01.
8. ___ nerve conduction velocity and SSEP report, dated 3/01/01.
9. ___ report, dated 6/29/01.
10. SCE report, dated 7/20/01, from ___.
11. ___ work hardening, Drs ___, date 8/23/01.
12. SCE report, dated 9/01/01, from ___ work hardening.
13. Report of medical evaluation, 10/10/01, from Dr. ___.

B. SUMMARY OF EVENTS:

The patient was in a work accident where he was rear-ended by a pickup truck. At the time of the accident, he was sitting with his head facing straight, arms at side, and hands on the steering wheel. He was thrown backward and then forward, and immediately following the accident, he reported being fairly nervous and noted some neck, back and leg pain. He was transported by the ambulance to the E.R. at ___Texas, where he was given medications and prescribed some x-rays of the back. He reported his symptoms as worsening over the time since the accident until he received treatment from ___. The patient was released from care in October of 2001.

C. OPINION:

I AGREE WITH THE DETERMINATION MADE BY THE UTILIZATION REVIEW AGENT ON THIS CASE.

The orthopedic surgeon that evaluated the patient on 2/24/01 examined the patient personally and did not recommend a somatosensory evoked potential. He did, however, recommend a needle EMG and a nerve conduction velocity test. However, the needle EMG was not performed. The somatosensory evoked potential test is used to tract the sensory pathway integrity for the periphery through the IVF foramen and sensory routes. It is actually used to access the functional evaluation of the sensory routes in coordination with the NCV.

As a result, fundamental questions relating to neural generators and the variability of latencies and amplitudes, normative data, appropriate applications, and other important issues remain. These knowledge gaps result in multiple gray areas directly affecting diagnostic decisions of SSEP=s.

D. DISCLAIMER:

The opinions rendered in this case are the opinions of this evaluator. This medical evaluation has been conducted on the basis of the documentation as
provided to me with the assumption that the material is true, complete and correct. If more information becomes available at a later date, then additional service, reports or consideration may be requested. Such information may or may not change the opinions rendered in this evaluation. My opinion is based on the clinical assessment from the documentation provided.

_____

___, D.C.

Date: 19 March 2002