

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

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(q)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for 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 (SSEP testing) was found to be medically necessary. The respondent raised no other reasons for denying reimbursement.

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 4/19/01 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 12 day of, April 2002.

Carol Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

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.

April 10, 2002

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

Re: Medical Dispute Resolution
MDR #: M5-02-2030-01
Injured Employee: ___
DOI: ___ SS#: ___
IRO Certificate No.: I RO 5055

Dear Ms. Lawrence:

___ 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 practitioner of Chiropractic Medicine.

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

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

Enclosure (1)

MEDICAL CASE REVIEW

This is for _____. I have reviewed the medical information forwarded to me concerning Case File #M5-02-2030-01, in the area of Chiropractic. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

1. Medical Dispute Resolution request/response.
2. Table of disputed services.
3. Explanation of benefits from the insurance carrier.
4. Medical Dispute Resolution position statement from Dr._____.
5. In addition, I reviewed 278 pages of records, test results, and reports.

B. SUMMARY OF EVENTS:

The patient was injured on the job on _____. He fell and landed on his buttocks. He initially received treatment from _____, after which he changed treating doctors on 3/02/01 to Dr. _____. An initial evaluation and examination was performed. In addition to recommending testing of a diagnostic nature, treatment was begun. Numerous diagnostic evaluations and testing were ordered on this patient. I have reviewed the entire file, and my opinion will be directed specifically at the Medical Dispute Resolution request/response.

The records indicate that the insurance carrier had denied payment for SSEP testing on this patient. This testing appears to have been performed at _____ and interpreted by _____. These tests were performed on April 19, 2001. The treating doctor, Dr. _____, ordered the electro-physiological studies. These studies which included nerve conduction studies and somatosensory evoked potential studies of the lower extremities were performed on both the right and the left side using unilateral stimulation. The studies are performed on the left and right side for comparative interpretation. The purpose of these studies was to rule out lumbar radiculopathy, entrapment syndromes or neuropathy, peripheral nerve lesions or neuropathologies, as well as other disorders of the nervous system.

C. OPINION:

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

Reviewing the file indicated the patient was injured on the job and presented for evaluation with low back pain, pain that radiated to the legs, and tingling in the legs. Positive orthopedic findings indicate the possibility of lumbar disk involvement. The treating doctor ordered a lumbar MRI on 3/22/01 which revealed L2-L3 disk bulge, disk desiccation of L-2 and L-3, as well as post-surgical changes at L5-S1.

Continued positive exam findings and MRI results led Dr. ___ to order electrophysiological studies. These were performed on 4/19/01, with the results indicating peroneal SSEP studies were performed bilaterally, and the right peroneal SSEP study was prolonged in latency in comparison to the left peroneal SSEP study by more than 3 milliseconds.

The electrophysiological studies which include NCV's, sensory nerve conduction, H or F reflex studies, sensory somatic evoked potential testing, and needle EMG's are well accepted throughout the medical/chiropractic profession in order to evaluate and assist in the diagnosis of radiculopathies, entrapment, and other possible neurological disorders. Given this patient's subjective symptoms, objective findings, and positive MRI findings, it is my opinion these studies which were ordered by Dr. ___ were medically necessary in order to determine the nature and extent of this patient's injuries. In addition, the TWCC guidelines allow for this testing.

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.

Date: 9 April 2002