

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

SOAH DOCKET NO. 453-02-4030.M5

MDR Tracking Number: M5-02-2073-01

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 (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 for the SSEP testing.

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 3-22-01 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 5th day of July 2002.

Dee Z. Torres, Medical Dispute Resolution Officer
Medical Review Division
DZT/dzt

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

May 17, 2002

Re: IRO Case # M5-02-2073-01

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IRO's, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a chiropractor licensed by the State of Texas. He or she has signed a certification statement attesting 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 referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The ___ reviewer who reviewed this case has determined that, based on the medical records provided, the requested treatment was medically necessary. Therefore, ___ disagrees with the adverse determination regarding this case. The reviewer's decision and the specific reasons for it, is as follows:

History

This case involves a 37-year-old female who developed back pain when she pulled trash out of a trashcan on ___. Examination on 3/22/02 included the use of SSEP's to determine the extent of severity of the injury.

Requested Service(s)

SSEP

Decision

I disagree with the benefit company's decision to deny the requested diagnostic test.

Rationale

During the initial examination the patient reported pain with radiation to the lower extremity. The SSEP was medically necessary as it correlates with the patient's clinical presentation, history and mechanism of injury. It adds additional helpful clinical information necessary for proper diagnosis and treatment. On initial examination the patient presented with pain radiating into the left posterior thigh. This is consistent with the need to rule out radiculopathy and/or peripheral nerve injury. An MRI on 2/27/02 revealed disc herniations at L4-5 and L5-S1. The SSEP on 3/22/01 showed evidence of left L5 nerve irritation due to the decrease in frequency of incidence of the wave responses by more than 50% of the left peroneal F wave studies. Therefore, there is correlation between MRI and SSEP consistent with lumbar radiculopathy. MRI and SSEP confirm and support the diagnosis and treatment. When the results of the SSEP are correlated with findings of the MRI, there is more evidence to support the diagnosis and therefore determine the type of treatment necessary to best help this patient.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing. A request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. (Code 148.3) This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d). A request for a hearing should be sent to: Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P O Box 40669, Austin, TX 78704-0012. A copy of this decision should be attached to the request.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

Sincerely,