

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 NCV, H-reflex study, and SSEP (upper and lower extremity) were not medically necessary.

Based on review of the disputed issues within the request, the Division has determined that NCV, H-reflex study, and SSEP (upper and lower extremity) fees were the only fees involved in the medical dispute to be resolved. As the treatment was not found to be medically necessary, reimbursement for date of service 3-6-01 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 25th day of July 2002.

Dee Z. Torres, Medical Dispute Resolution Officer
Medical Review Division

DZT/dzt

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

NOTICE OF INDEPENDENT REVIEW DECISION

May 22, 2002

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

RE: Injured Worker:
MDR Tracking #: M5-02-2243-01
IRO Certificate #: 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 is a 48 year old female who was involved in a work related accident on ____. She slipped and fell while mopping the floor, hitting the left side of her body; she immediately reported pain in her neck, left shoulder, left buttocks and knee. She was taken to and x-rays were taken of her chest and shoulder. Both were negative for abnormal findings. The patient was then evaluated by a chiropractor and diagnosed with lumbar sprain/strain, lumbar radiculitis, cervical sprain/strain, left wrist sprain/strain, left shoulder sprain, and left knee sprain.

Requested Service(s)

Nerve conduction velocity – median, motor and sensory (CPT 95904)
H-reflex (CPT 95935)
SSEP-UE somatosensory evoked potential - upper extremity (CPT 95925)
SSEP-LE somatosensory evoked potential - lower extremity (CPT 95925)

Decision

It is determined that the electrodiagnostic studies billed under CPT codes 95904, 93935, and 95925 on 03/06/01 were not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

This patient already underwent significant testing performed on the upper extremity and lower extremity. Medical record documentation indicates that the patient appropriately underwent four F waves, two H waves, 14 motor nerve NCVs, and 6 sensory nerve NCVs. The somatosensory evoked potential – upper/lower (95925) were performed with no documentation of radiculopathy. If there were, the test of choice would be a needle EMG. According to the American Association of Electrodiagnostic Medicine, the test of choice to rule out radiculopathy is the needle EMG coupled with a careful examination. Neither of these was performed. Therefore, the electrodiagnostic studies billed under CPT codes 95904, 93935, and 95925 on 03/06/01 were not medically necessary to treat this patient's condition.

Sincerely,