

MDR Tracking Number: M5-02-3014-01

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, 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 visits were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these office visit 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 7/17/01 through 1/16/02 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 13th day of January 2003.

Carol R. Lawrence  
Medical Dispute Resolution Officer  
Medical Review Division

CRL/crl

November 4, 2002

David Martinez  
TWCC Medical Dispute Resolution  
4000 IH 35 South, MS 48  
Austin, TX 78704

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\_\_\_ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this 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 care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Doctor of Chiropractic. The \_\_\_ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors 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 the dispute.

#### CLINICAL HISTORY

\_\_\_ sustained a low-back injury on \_\_\_ while employed as an assembler for \_\_\_. Her initial treatment was at \_\_\_ where she received medications and PT before changing to \_\_\_ in September '01. From 9/9/01 through 1/27/02 the patient was seen for 57 office visits and seven weeks of work hardening by 12/6/01.

#### DISPUTED SERVICES

Disputed services include office visits, physical therapy and somatosensory testing.

#### DECISION

The reviewer both agrees and disagrees with the prior adverse determination.

#### BASIS FOR THE DECISION

Based on the information received and compared with similar practices for the same condition, the doctor should be compensated for services 99213 on all dates in question.

The doctor should not be compensated for 97110, 97250, 97265, and 97122 on 10/29/01, as they do not meet the TWCC treatment guidelines. 95925 or Surface EMG should not be paid.

The use of SEMG as an outcome or diagnostic measure is inappropriate at this time and does not yield usable clinical information as per the following.

The available literature demonstrates that SEMG, as available with most commercial devices, may detect some fasciculation. A few research laboratories with more complex computer signal processing capabilities have been able to detect muscle and nerve pathology which may correlate with the clinical course of some, but not all, diseases tested. Where correlation with disease is demonstrated, the clinical utility of the information gathered is not proven. Even with advanced processing capabilities, there are severe limitations to the information which can be gathered by SEMG, although theoretical data suggests that it is quite low. There is, in fact, almost no literature to support the use of SEMG in the clinical diagnosis and management of nerve or muscle disease. The position of the American Association of Electrodiagnostic Medicine is as follows:

Current use: There are no clinical indications for use of SEMG in the diagnosis and treatment of disorders of nerve or muscle.

As an officer of \_\_\_\_, I certify that there is no known conflict between the reviewer, \_\_\_\_ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

\_\_\_\_ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,