

MDR Tracking Number: M5-02-3137-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 titled Medical Dispute Resolution of a Medical Fee Dispute, 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. This dispute was received on 8-5-02.

The IRO reviewed intraoperative neurophysiology testing on 1-21-02.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. 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.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 5-13-04, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Max. Allowable Reimbursement)	Reference	Rationale
1-21-02	95925-TC	\$300.00	\$0.00	G	\$175.00 for one or more nerves	Rule 133.307(g)(3) (A-F)	This code is not a global service. Therefore, the review will be per the 1996 Medical Fee Guideline. The relevant information did not support delivery of service; therefore, no reimbursement recommended.

	99070	\$52.00	\$0.00	G	DOP		Per the MFG, DOP codes require documentation for any single supply that is billed at \$50.00 or greater. Documentation shall include the exact description of the service/procedure or supply, the nature, extent and need for it, and any other information as necessary to support the charge. Relevant information did not support delivery of service; therefore, the denial of "global" could not be determined. Note the amount billed on the HCFA is \$44.00 and the amount in dispute is \$52.00. No reimbursement can be recommended.
TOTAL		\$352.00	\$0.00				The requestor is not entitled to reimbursement.

This Decision is hereby issued this 20th day of May 2004.

Dee Z. Torres
 Medical Dispute Resolution Officer
 Medical Review Division

May 11, 2004

Re: MDR #: M5-02-3137-01
 IRO Certificate No.: 5055

___ 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.

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.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is certified in the area of Neurology and is currently on the TWCC Approved Doctor List.

REVIEWER'S REPORT

Information Provided for Review:

TWCC-60, Table of Disputed Services, EOB's
Physician review 06/05/02

Article: Neurophysiologic Intra-operative Monitoring
SSEP Report 01/21/02

Clinical History:

No clinical history was presented for review. In addition, unsuccessful attempts were made to obtain the clinical history and the operative report of 01/21/02.

Disputed Services:

Inter-operative neurophysiology testing

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that the testing in dispute as stated above was not medically necessary in this case.

Rationale:

Based on the provided information, this surgery of 1/21/02 appears to be a straightforward anterior cervical discectomy and fusion. Routine intra-operative SSEP monitoring is not yet standard of care procedure for a routine anterior cervical discectomy fusion. If there were mitigating circumstances such as cervical myelopathy or complex fracture, then perhaps SSEP monitoring would be appropriate for the standard ACDF; however, intra-operative SSEP monitoring is not typical in common usage. The operative report was not available for review.

Sincerely,