

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General 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 09-12-03.

The IRO reviewed somatosensory testing rendered from 03-27-03 that were denied based upon "U".

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity for somatosensory testing. Consequently, the requestor is not owed a refund of the paid IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved.

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

On 11-25-03, 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. Documentation was not submitted in accordance with Rule 133.307(g)(3) to confirm services were rendered for dates of service 02-07-03, 02-20-03, 03-03-03, 03-10-03, 03-14-03, 95935 reflex study for 03-27-03, and 03-28-03. Therefore reimbursement is not recommended.

This Decision is hereby issued this 17th day of February 2004.

Georgina Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

NOTICE OF INDEPENDENT REVIEW DECISION

Date: November 24, 2003

RE: MDR Tracking #: M5-04-0177-01
IRO Certificate #: 5242

___ 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 proposed 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 Chiropractor physician reviewer who is board certified in Chiropractic. The Chiropractor physician reviewer 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

It appears the claimant suffered alleged low back and neck injury while trying to lift or move a faulty gate at a car dealership on _____. The claimant reportedly had a past medical history involving an incident in which he was struck by a car driven by a coworker in _____. However, the details of this are unknown. The claimant reportedly fell down at work in _____ and hurt his knee. The claimant reportedly tried to move or close a heavy gate on or about _____ and then again on _____. The claimant saw _____ for Chiropractic Care and the amount of Chiropractic Care the claimant has undergone has been rather extensive and seems to be continuing through at least October 2003. The claimant has seen _____ for a neurological work-up. The claimant has also seen _____ for pain management. _____ wanted to perform a discectomy. The claimant underwent an MRI evaluation on 02/18/03 and this mainly revealed the presence of disc dehydration and spondylosis which would be expected in this 53-year old male. The claimant also underwent electrodiagnostic studies to include nerve conduction studies and dermatomal sensory evoked potential and somatosensory evoked potentials studies on 03/27/03. It appears the studies were performed in the _____ area and interpreted by _____ in _____. It appears that a lower extremity needle electromyogram was never done or performed. The claimant did undergo a discogram and post-discogram CT scan on 07/22/03. The post discogram CT scan revealed a left lateral disc protrusion of 3 mm. in size that was encroaching upon the left neural foramen. However, it should be noted the claimant had no symptoms or signs of lumbar radiculopathy on the left. There was also an L5-S1 disc protrusion of 3 mm. that was more centrally located that was felt to be effacing the bilateral nerve roots at the S1 level. There was also some reported mild facet arthropathy at this level as well that was felt to be causing some mild bilateral neural foraminal encroachment. The claimant also underwent a thoracic spine MRI which reportedly showed disc protrusion at C6-7 and C7-T1. The claimant appeared to not be interested in surgical procedures of at least 07/30/03. The claimant's lumbar discogram was reportedly "fairly normal" at the L4-5 level. However, the claimant reported concordant pain in the right leg upon stimulation of the right L5-S1 disc during the discogram. Again, the claimant has undergone extensive chiropractic care and I saw no evidence in the documentation that improvement was occurring or occurred, except for perhaps in the neck region. However, the claimant's neck would not have been significantly injured given the mechanism of injury.

Requested Service(s)

Somatosensory testing rendered on 03/27/03.

Decision

I agree with the carrier and find that the somatosensory testing of 03/27/03 was not medically necessary.

Rationale/Basis for Decision

Lower extremity electrodiagnostic testing in the form of a more appropriate needle electromyogram may have been appropriate. However, somatosensory evoked potentials or dermatomal sensory evoked potential testing is to be reserved for intraoperative monitoring purposes, especially with respect to somatosensory evoked potentials testing. Somatosensory evoked potentials and dermatomal sensory evoked potential testing is not considered in the medical community to be the test of choice to rule out lumbar radiculopathy. There is also a position paper from the American Association of Electrodiagnostic Medicine. The position paper essentially states that "it is appropriate for only one attending physician to perform or supervise all of the components of the electrodiagnostic testing (e.g. history taking, physical examination, supervision and/or performance of the electrodiagnostic tests and interpretation) for a given

patient and for all testing to occur on the same date of service. The reporting of nerve conduction studies and electromyogram study results should be integrated into a unifying diagnostic impression. Performance and/or interpretation of nerve conduction studies or electrodiagnostic of any kind separately from that of the needle electromyogram component of the test should clearly be the exception rather than an established practice pattern for a given practitioner. It should also be noted that according to the Journal of Neurology, October 1997 issue that the current evidence supporting diagnostic use of dermatomal somatosensory evoked potentials is type D, which is a negative recommendation based on inconclusive or conflicting Class II evidence and should be regarded as investigational, meaning that current evidence is insufficient to determine appropriateness. The overall literature suggests that there is a more appropriate ways to measure and rule out lumbar radiculopathy and this does not include somatosensory testing. It is my opinion that somatosensory testing often results in vague findings that do not match or correlate with the MRI findings and the clinical findings. This only serves to muddy the clinical picture. A needle electromyogram is a more appropriate test and is more specific for the condition.