

MDR Tracking Number: M5-04-1471-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 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 (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on January 12, 2004.

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 the Somatosensory testing and nerve conduction studies were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Division has determined that fees were the only fees involved in the medical dispute to be resolved. As the treatments listed above were not found to be medically necessary, reimbursement for date of service for 08-21-03 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 14<sup>th</sup> day of April 2004.

Patricia Rodriguez  
Medical Dispute Resolution Officer  
Medical Review Division  
PR/pr

NOTICE OF INDEPENDENT REVIEW DECISION

April 7, 2004

Rosalinda Lopez  
Program Administrator  
Medical Review Division  
Texas Workers Compensation Commission  
7551 Metro Center Drive, Suite 100, MS 48  
Austin, TX 78744-1609

RE:                    MDR Tracking #:                    M5-04-1471-01  
                          IRO Certificate #:                    IRO4326

The \_\_\_ 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. \_\_\_'s 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 sustained a back injury on \_\_\_ while picking up a 5-gallon bucket of paint. An MRI dated 08/07/03 revealed disc bulging at L3-4, L4-5, and L5-S1. Electrodiagnostic studies performed 08/21/03 were consistent with radiculopathy at right L4 and L5.

### Requested Service(s)

Somatosensory testing and nerve conduction studies on 08/21/03.

### Decision

It is determined that the somatosensory testing and nerve conduction studies on 08/21/03 were not medically necessary to treat this patient's condition.

### Rationale/Basis for Decision

The medical record provided fails to establish rationale warranting the application of somatosensory testing and nerve conduction studies in the management of this claimant's medical condition. The medical records indicate that the patient likely had a radiculopathy that needed to be clinically quantified. There is no clinical evidence presented in the medical record that suspects any other pathology other than radiculopathy, thus the efficacy of additional neurodiagnostic testing beyond the clinical gold standard, (needle EMG), is not clear. The needle EMG is more sensitive than the NCV at picking up nerve pathology, if this is what is suspected by the provider. Therefore, it is determined that the somatosensory testing and nerve conduction studies on 08/21/03 were not medically necessary to treat this patient's condition.

The aforementioned information has been taken from the following guidelines of clinical practice and/or peer reviewed references.

- Dillingham TR. Electrodiagnostic approach to patients with suspected radiculopathy. Phys Med Rehabil Clin N Am. 2002 Aug;13(3):567-88
- Posuniak EA. Electrodiagnosis and nerve conduction studies. Clin Podiatry, 1984 Aug;1(2):279-90
- Rodriguez AA, et al. Somatosensory evoked potentials from dermatomal stimulation as an indicator of L5 and S1 radiculopathy. Arch Phys Med Rehabil. 1987 Jun;68(6):366-8

Sincerely,