

MDR Tracking Number: M5-04-3111-01

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 May 18, 2004.

The IRO reviewed CPT Codes 95925, 95900, 95904 and 95935 that were denied based upon "U".

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$650.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

CPT Codes 95925 and 95904 **were** found to be medically necessary. CPT Codes 95900 and 95935 **were not** found to be medically necessary. The respondent raised no other reasons for denying reimbursement for 95925, 95900, 95904 and 95935.

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.

On January 20, 2005, 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.

- CPT Code 95861 for date of service 06/18/03. The maximum allowable reimbursement for this code in the 1996 Medical Fee Guideline, Medicine Ground Rule CPT MAR is \$200.00; the carrier paid \$140.00 leaving a balance of \$60.00; therefore, reimbursement in the amount of \$60.00 is recommended.

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 date of service 06/18/03 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 Decision and Order is hereby issued this 11th day of February, 2005.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

MF/mf
Enclosure: IRO decision

August 10, 2004

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

Patient:
TWCC #:
MDR Tracking #: M5-04-3111-01
IRO #: 5251

Ziroc 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 Ziroc for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

Ziroc 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 Medical Doctor board certified and specialized in Neurology. The reviewer is on the TWCC Approved Doctor List (ADL). The Ziroc 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 Ziroc 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

___ was a 51-year-old woman who sustained injury on ___, twisting her right ankle and falling to the ground on that date. She sustained a right fibula fracture or casting. She was seen by Dr. Viere, an orthopedist, on 01/10/03 who noted she had a prior left knee reconstruction. His impression on that date was sciatic pain in her left leg, and he recommended a lumbar MRI. The MRI on 02/21/03 showed degenerative disc at L2/3 with bulging and tiny L1/2 disc herniation with degenerative desiccation of all the lumbar disc and mild facet arthrosis at L5/S1. She was referred to physical therapy by her orthopedic surgeon.

On ___, ___ felt an acute exacerbation of back pain when she was going to get some bookcases and injured her back. At that time she denied any lower extremity radicular symptoms and went to see Dr. Viere on 04/8/03. Dr. Viere subsequently noted radiation of pain into her right buttock on 04/24/03, but her notch examination was unremarkable. Her recommended continued conservative treatment. She was seen on 06/09/03 by a chiropractor, Dr. Griffin, whose impressions were lumbar disc disease, lumbar radiculopathy and lumbar myofascitis.

She had nerve conduction studies, low potentials, and EMG studies performed on 06/18/03 by a mobile diagnostic unit read by Dr. Proler. This apparently showed reduced recoument on EMG testing. EMG is suggestive of an S1/2 radiculopathy and above potentials showing evidence of right L4/5 radiculopathy more severe on the right. She had a repeat lumbar MRI scan on 07/30/03 that showed a 3 mm of posterior disc herniation at L2/3, arthrosis at L4/5 and 2 mm disc bulge at L5/S1. She continued with therapy with Dr. Griffin's office. She had an independent medical examination on 08/25/03 by Dr. Cordis for her 09/05/02 leg fracture. She received a 6% impairment rating for that leg injury.

An FCE of the lumbar spine dated 09/02/03, and at that time she walked with normal gait. She was performing in a light physical demand level with restrictions at that time.

A designated doctor examination by Dr. Humphries on 09/30/03 for the ___ injury found her to be at 3% whole person impairment. The last report available for review is a TWCC-73 report from Dr. Griffin at the Fort Worth Pain Center, sending her back to full duty on 03/05/04 without restrictions.

DISPUTED SERVICES

Under dispute is the medical necessity of somatosensory testing, nerve conduction testing, sensory nerve testing and H or F reflex study.

DECISION

The reviewer agrees with the prior adverse determination regarding somatosensory testing and sensory nerve testing.

The reviewer disagrees with the prior adverse determination regarding nerve conduction testing and the H or F reflex study.

BASIS FOR THE DECISION

___ sustained two injuries in ___ injuring her right ankle and lower back. On ___ she injured her lower back. The MRI scan showed degenerative disc disease without surgical lesion.

The professional gold standard for evaluating nerve compression or radiculopathy is a needle EMG nerve conduction study consisting of needle EMG study, motor nerve velocities, sensory nerve velocities and H reflexes. This is the standard of care in the neurologic practice in medical centers as well as the neurology community. However, the use of the evoked potentials would not be indicated, medically necessary or related to the injury that occurred on ____. Standard tests of electrophysiology including electrodiagnostics and EMG nerve studies would indicate that the needle EMG nerve study is the gold standard for ruling out radiculopathies or neuropathies. Somatosensory evoked potentials are not included in the standard of care, and therefore are not medically necessary or appropriate.

Ziroc has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Ziroc has made no determinations regarding benefits available under the injured employee's policy

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

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

Sincerely,

Nan Cunningham
President/CEO

CC: Ziroc Medical Director