

MDR Tracking Number: M5-02-2296-01

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 (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent.

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 evoked potential (SSEP) testing was 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 Somatosensory evoked potential (SSEP) testing fees were the only fees involved in the medical dispute to be resolved. As the treatment was not found to be medically necessary, reimbursement for date of service 9/26/01 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 9th day of July 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

NOTICE OF INDEPENDENT REVIEW DECISION

July 1, 2003

Rosalinda Lopez
Program Administrator
Medical Review Division
Texas Workers Compensation Commission
4000 South IH-35, MS 48
Austin, TX 78704-7491

RE: MDR Tracking #: M5-02-2296-01
IRO Certificate #: IRO 4326

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. ___ 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 was injured on ___ while at work as a truck driver. He was climbing out of a loading dock utilizing a wooden pallet to step on when it broke, causing him to fall, and hurting his right knee and low back. He went to see a chiropractor for treatment. The patient had undergone nerve conduction velocity (NCV) studies including somatosensory testing on 09/26/01.

Requested Service(s)

Somatosensory evoked potential (SSEP) testing

Decision

It is determined that the somatosensory evoked potential (SSEP) testing was not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

In reviewing the received medical records, the provider's rationale for implementing SSEP electrodiagnostic testing is not clear. SSEP testing is not supported by the medical literature in the way it is being utilized in this patient's case. Typically, needle electromyography (EMG) is utilized to rule out/in true clinical radiculopathy; the provider's diagnosis and treatment record show radicular symptoms. There is no evidence of recent spinal cord injury, no evidence of stenosis, and/or no evidence of any progressive neurological deficit/disease that would warrant this level of testing.

The aforementioned information has been taken from the following guidelines of clinical practice and clinical references:

- Adult Low Back Pain. Institute for Clinical Systems improvement; 2001, May. 50p.

Sincerely,