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. The dispute was received on 5-25-04.

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 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.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

The IRO has determined that the intraoperative neurophysiology testing, short latency somatosensory study (upper limbs, lower limbs, and in trunk or head) rendered on 1/28/04 were medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed service.

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 September 13, 2004, 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 codes 95861-27, 95822-27, and 99070 on date of service 1/28/04 were denied by the carrier with “N”, not appropriately documented. Neither the requestor nor the respondent submitted additional documentation in accordance with Rule 133.307 (g) (3). Therefore, reimburse is not 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 Medicare program reimbursement methodologies for dates of service after August 1, 2003 per Commission Rule 134.202 (c) 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 dates of service 1/28/04 as outlined above 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 ___8th___ day of November 2004.

Regina L. Cleave  
Medical Dispute Resolution Officer  
Medical Review Division  
RLC/rlc

September 26, 2004

David Martinez  
TWCC Medical Dispute Resolution  
7551 Metro Center Suite 100  
Austin, TX 78744

Patient:  
TWCC #:  
MDR Tracking #: M5-04-4152-01  
IRO #: 5284

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

Specialty IRO 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.

This case was reviewed by a licensed Medical Doctor with a specialty in Neurology. The reviewer is on the TWCC ADL. The Specialty IRO 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 Specialty IRO 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**

___ underwent a decompressive lumbar laminectomy, facetectomy and foraminotomy from L2 through S1 on 01-28-2004 by Dr. H, MD. The surgery was performed because of lumbar spinal stenosis. During surgery he underwent lower extremity somatosensory evoked potentials, free running EMG monitoring of the lower extremities, and a free running EEG utilizing a 2-channel bipolar montage. Throughout the procedure there were no changes in his evoked potentials, electromyography, or EEG recording other than what would be expected from anesthetic effect.

**DISPUTED SERVICES**

The items in dispute are the retrospective medical necessity of intraoperative neurophysiology testing – 95920, short latency somatosensory study – upper limbs, lower limbs and in truck or head – 95925, 95926 and 95927 on 1-28-2004.

**DECISION**

The reviewer disagrees with the previous adverse determination.

**BASIS FOR THE DECISION**

The reviewer states that intraoperative evoked potential monitoring has been medically accepted as a standard of care for individuals undergoing spinal surgery. The use of intraoperative neurophysiological monitoring has been shown to improve outcomes in multiple published, peer reviewed studies. Please see attached references.

**References:**


3: Slimp JC. 
Electrophysiologic intraoperative monitoring for spine procedures. 
PMID: 15029900 [PubMed - indexed for MEDLINE]

4: Lopez JR. 
The use of evoked potentials in intraoperative neurophysiologic monitoring. 
PMID: 15029899 [PubMed - indexed for MEDLINE]

5: Bose B, Sestokas AK, Schwartz DM. 
Neurophysiological monitoring of spinal cord function during instrumented anterior cervical fusion. 
PMID: 15016399 [PubMed - indexed for MEDLINE]

6: Gunnarsson T, Krassioukov AV, Sarjeant R, Fehlings MG. 
Real-time continuous intraoperative electromyographic and somatosensory evoked potential recordings in spinal surgery: correlation of clinical and electrophysiologic findings in a prospective, consecutive series of 213 cases. 
PMID: 15014279 [PubMed - in process]

7: Kawaguchi M, Furuya H. 
Intraoperative spinal cord monitoring of motor function with myogenic motor evoked potentials: a consideration in anesthesia. 
PMID: 14991471 [PubMed - indexed for MEDLINE]

8: Gundanna M, Eskenazi M, Bendo J, Spivak J, Moskovich R. 
Somatosensory evoked potential monitoring of lumbar pedicle screw placement for in situ posterior spinal fusion. 
PMID: 14588949 [PubMed - indexed for MEDLINE]

9: Strahm C, Min K, Boos N, Ruetsch Y, Curt A. 
Reliability of perioperative SSEP recordings in spine surgery. 
PMID: 12934088 [PubMed - indexed for MEDLINE]

10: Kombos T, Suess O, Da Silva C, Ciklatekerlio O, Nobis V, Brock M. 
Impact of somatosensory evoked potential monitoring on cervical surgery. 
PMID: 12766685 [PubMed - indexed for MEDLINE]

Intraoperative neurophysiologic detection of iatrogenic C5 nerve root injury during laminectomy for cervical compression myelopathy.


20: Noordeen MH, Taylor BA.  
Somatosensory evoked potentials.  
PMID: 11057494 [PubMed - indexed for MEDLINE]

Intra-operative spinal cord monitoring in orthopaedics.  
PMID: 10795932 [PubMed - indexed for MEDLINE]

Somatosensory evoked potential monitoring in anterior thoracic vertebrectomy.  
PMID: 10763685 [PubMed - indexed for MEDLINE]

23: Owen JH.  
The application of intraoperative monitoring during surgery for spinal deformity.  
PMID: 10635528 [PubMed - indexed for MEDLINE]

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee’s policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

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

Sincerely,