

MDR Tracking Number: M5-03-0465-01

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 SEEP study 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 the SEEP study 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 11/14/01 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 17<sup>th</sup> day of December 2002.

Carol R. Lawrence  
Medical Dispute Resolution Officer  
Medical Review Division

CRL/crl

**IRO Certificate #4599**

**NOTICE OF INDEPENDENT REVIEW DECISION**

December 7, 2002

**Re: IRO Case # M5-03-0465**

Texas Worker's Compensation Commission:

\_\_\_ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned

this case to \_\_\_ for an independent review. \_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, \_\_\_ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a Doctor of Chiropractic who is licensed by the State of Texas. He or she has signed a certification statement attesting 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 referral to \_\_\_ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the \_\_\_ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient was injured in \_\_\_ when he fell off a ladder and landed on his tailbone.

Requested Service

SSEP study 11/14/01

Decision

I agree with the carrier's decision to deny the requested study.

Rationale

There is still significant doubt about the accuracy of SSEPs in evaluation of patients with suspected radiculopathies. When compared to EMG studies, the SSEP studies showed less accuracy and sensitivity. (*Arch Phys Med Rehab*, 1987, June; 68, 366-8) A more reliable and cost efficient nerve conduction study, such as an EMG, would have been more appropriate in this case, noting the lack of scientific evidence supporting the use of SSEPs for suspected radiculopathies.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

Sincerely,