

MDR Tracking Number: M5-03-1676-01

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, 2003 and Commission Rule 133.305 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 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 adverse determination that the somatosensory testing and sensory nerve conduction testing were **not found to be 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 somatosensory testing and sensory nerve conduction testing 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 9/27/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 3rd day of July 2003.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division

MQO/mqo

June 30, 2003

Re: Medical Dispute Resolution
MDR #: M5-03-1676-01
IRO Certificate No.: 5055

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is Board Certified in Physical Medicine and Rehabilitation.

Clinical History:

This male claimant suffered a work-related injury on _____. He had significant injury to the cervical spine and eventually underwent a C5-C6 discectomy in 1997, which included an anterior fusion. In May 1998, it was found that one of his cervical screws had broken. In November 1998, an additional level was fused at C6-C7. Unfortunately, the second set of screws at this level also broke.

A CT myelogram on 05/17/01 showed an anterior interbody fusion at C5-C6, and an interbody fusion at C6-C7, which did not appear solid. There was also a 1-2 mm central protrusion at C4-5. There was marked disc narrowing at C6-C7 with a kyphotic deformity.

The patient was treated conservatively with medications and therapy. A quantitative temperature sensory study on 09/27/02 revealed bilateral C-5 neuropathy secondary to radicular nerve compression on the right; only the unmyelinated fibers are affected.

The patient is being considered for a partial corpectomy at the C5-C6 level to decompress the cord and evaluate the pseudoarthrosis, and a 360-degree fusion with posterior instrumentation. However, he has, at this point, elected conservative treatment.

Disputed Services:

Somatosensory testing and sensory nerve conduction testing.

Decision:

The reviewer agrees with the determination of the insurance carrier. The reviewer is of the opinion that the testing was not medically necessary.

Rationale for Decision:

Review of the medical records provided, which consisted of a rather extensive history of cervical problems, revealed that by physical examination as early as 02/18/02 the patient had a confirmed diagnosis of left C6-7 radiculopathy. Status post-cervical fusion at C-5 and C-7 with multiple revisions and a failed level at C6-C7 were also diagnosed. These diagnoses are not disputed.

The basis for performing the non-invasive procedure quantitative temperature sensory study on 09/27/02 was not justified. While vibration testing can be useful for differentiation of neuropathies, by performing this test one cannot reach a diagnosis of C-5 radiculopathy.

Furthermore, the diagnosis was not in question at all. The claimant had obvious radiculopathy from the cervical spine, had had multiple revisions from surgery, and was being considered for surgery again. The diagnosis was clearly illustrated on diagnostic testing and physical examination. The purpose of the quantitative temperature and sensory conduction testing in this case did not advance or alter the treatment plan in any way.

I am the Secretary and General Counsel of ___ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Sincerely,