



## REVIEWER'S REPORT

**DATE OF REVIEW:** 03/31/07

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:**

Weightbearing lumbar MRI scan.

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

D.C., board certified in Orthopedics and Disability Analysis as well as Pain Management

**REVIEW OUTCOME:**

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED FOR REVIEW:**

1. Radiology reports of lumbar spine dated 11/01/05
2. Cervical spine and lumbar spine x-rays dated 12/19/05
3. MRI scan without contrast of the thoracic spine dated 01/31/06
4. Bilateral screening mammogram from dated 01/03/06.
5. MRI scan of the lumbar spine dated 02/24/06
6. Right hip x-ray from dated 08/11/06
7. Intake patient forms, unknown source, dated 08/24/06
8. MRI scan of the pelvis without contrast dated 09/14/06
9. Multiple examinations and treatment records in the range of 02/20/06 through 05/01/06
10. Records and reports from M.D. from 01/11/06 through 03/20/06
11. Multiple examination and treatment records from family physicians, not dated
12. Designated Doctor Form DWC-69 dated 07/27/06
13. Patient intake, examination, and correspondence from 09/20/06 through 02/06/07
14. Letter from injured worker including dated sequence of events

15. Correspondence from M.D. dated 10/04/06
16. Letter to patient dated 10/09/06
17. Examination reports from spine surgeon dated 08/30/06
18. Exam report from spine surgeon dated 09/25/06
19. Prescriptions dated 09/25/06
20. Employee's request to change treating doctors form dated 10/05/06
21. Peer reviews dated 12/05/06, 02/09/07, and 03/04/07

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

The injured employee indicates in the record that while participating in a team building event, she was driving a bumper car and was struck from the back, apparently several times. She experienced pain in her neck and back. The injured employee sought medical treatment on or about 12/19/05 and was sent for cervical spine and lumbar spine x-rays. The cervical spine films were normal, and the lumbar spine films revealed mild degenerative changes. Thoracic spine MRI scan on 01/31/06 was normal. Lumbar spine MRI scan on 02/24/06 was essentially normal with mild disc bulge at L3/L4 and mild facet hypertrophy at L5/S1. X-rays of the right hip were also normal. An MRI scan of the pelvis was unremarkable. She was examined by a spine specialist who indicated that her problems were myofascial or musculoskeletal in nature, but that she would have several treatment options. She attended physical therapy. She was later seen by a spine specialist who indicated that her problem was primarily myofascial, possibly fibromyalgia. She apparently attended additional physical therapy. She transferred her care to another physician. This physician is requesting a weight bearing lumbar MRI scan. He also wants her to have some vascular studies and therapeutic exercise.

A peer review was done on 02/09/07. The review question included, "Is a weight bearing lumbar MRI scan medically necessary?" The answer was consistent with ODG Guidelines, the medical necessity for the requesting weight bearing lumbar MRI scan, physical therapy, and EMG study of the lower extremities was not established. Prior to that, a peer review was done on 12/05/06, also including the question of the necessity for a weight bearing MRI scan of the lumbar spine. The determination was that the service was not necessary based upon there were no unequivocal objective findings that could identify specific nerve compromise on the claimant's examination. Therefore, a weight bearing MRI scan was not medically necessary. Lastly, a medical record review was done on 03/04/07. No recommendation for further diagnostic testing was made.

**ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT DECISION:**

The injured employee appears to have sustained a self-limited soft tissue injury consisting of cervical and lumbar strain/sprain over a year ago. Diagnostic testing including plain film x-ray of the cervical and lumbar regions as well as MRI scan of the lumbar, thoracic, and pelvic regions were all essentially normal. The medical record in its entirety does not indicate any evidence of nerve deficit to include sensory or motor. Her symptomatology is not consistent with a specific level of radiculopathy. She also apparently had pre-existing conditions in the lumbosacral spine as evidenced by the x-

rays that were made on 11/01/05. A weight bearing lumbar MRI scan is not medically necessary as related to this injury at this time.

**DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR DECISION:**

*(Check any of the following that were used in the course of your review.)*

- ACOEM-American College of Occupational & Environmental Medicine UM Knowledgebase.
- AHCPR-Agency for Healthcare Research & Quality Guidelines.
- DWC-Division of Workers' Compensation Policies or Guidelines.
- European Guidelines for Management of Chronic Low Back Pain.
- Interqual Criteria.
- X Medical judgement, clinical experience and expertise in accordance with accepted medical standards.
- Mercy Center Consensus Conference Guidelines.
- Milliman Care Guidelines.
- ODG-Official Disability Guidelines & Treatment Guidelines.
- Pressley Reed, The Medical Disability Advisor.
- Texas Guidelines for Chiropractic Quality Assurance & Practice Parameters.
- Texas TACADA Guidelines.
- TMF Screening Criteria Manual.
- Peer reviewed national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)