

SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.
7502 GREENVILLE AVENUE
SUITE 600
DALLAS, TEXAS 75231
(214) 750-6110
FAX (214) 750-5825

DATE OF REVIEW: May 4, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

MRI of the lumbar spine (72148/TC/22). Date of Service: June 21, 2006

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

Diplomate, American Board of Orthopaedic Surgery

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Medical records from the Carrier include:

- Insurance Company, RN, 04/27/07
- Clinic, M.D., 06/16/06, 06/19/06, 06/22/06
- MRI, M.D., 06/21/06
- Clinic, M.D., 07/06/06 & 09/20/06
- M.D., 04/09/07

Medical records from the Requestor include:

May 4, 2007

Page 2 of 3

- MRI, 06/21/06, 08/25/06,
- Clinic, M.D., 06/16/06,
- Clinic, M.D., 06/19/06,
- Insurance Company, 07/24/06, 09/13/06, 01/02/07,
- Radiology

PATIENT CLINICAL HISTORY:

I have had the opportunity to review medical records in this case. The dispute is a retrospective denial of an MRI of the lumbar spine.

The patient sustained a low back injury, while lifting heavy batteries at work and had immediate pain in the lower back, radiating down his left leg. He was evaluated Clinic two days post injury.

The physical findings from Dr. M.D. include left paralumbar tenderness and a limited sitting straight leg raise secondary to pain. Reflexes in sensory and motor examination do not appear to have been performed.

At follow-up visit on June 19, 2006, the patient had continued severe back pain, radiating down his left leg. The physical examination is as follows: "The patient seated in chair, using walker to stand or walk, trace deep tendon reflexes at knees and ankles; patient unable to sit on examination table, so unable to do more exam." This was performed by M.D. Dr. then ordered an MRI of the lumbar spine which disclosed a large disc protrusion/extrusion at L3-4.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION.

It is my opinion that the MRI was not indicated because there was no documentation of any radiculopathy. The ODG Guidelines are clear that an MRI is indicated for low back pain with suspicion of cancer, infection, prior lumbar surgery, or cauda equina syndrome. An MRI is indicated after greater than one month of conservative therapy with evidence of radiculopathy.

The patient did not meet any of these criteria and, therefore, it is my opinion that the MRI was not indicated seven days postinjury.

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

- 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
- 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 NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)