

RYCO MedReview

Notice of Independent Review Decision

DATE OF REVIEW: 08/09/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Repeat lumbar MRI

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

Board Certified in Orthopedic 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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Chiropractic therapy with D.C. dated 08/11/06, 08/14/06, 08/15/06, 08/16/06, 08/17/06, 08/18/06, 08/21/06, 08/22/06, 08/23/06, 08/28/06, 08/30/06, 09/01/06, 09/05/06, 09/06/06, 09/08/06, and 09/11/06

A prescription from Dr. dated 08/23/06

A letter from Dr. dated 09/14/06

An MRI of the lumbar spine interpreted by M.D. dated 09/15/06

A prescription from Dr. (no credentials were listed) dated 10/12/06

A physical therapy evaluation with an unknown therapist (no name or signature was available) dated 10/25/06

A physical therapy request from P.T. dated 11/10/06

An evaluation with Mr. dated 11/11/06

Authorization request forms from Mr. dated 12/01/06 and 12/13/06

Evaluations with M.D. dated 06/13/07 and 06/29/07

A letter of non-certification from, M.D. dated 06/22/07

An undated referral form from Dr.

A letter of non-certification from M.D. dated 07/13/07

PATIENT CLINICAL HISTORY [SUMMARY]:

Chiropractic therapy was performed with Mr. from 08/11/06 through 09/11/06 for a total of 16 sessions. On 08/23/06, Dr. requested further therapy three times a week for six weeks. On 09/14/06, Dr. wrote a letter of reconsideration for physical therapy. An MRI of the lumbar spine interpreted by Dr. on 09/15/06 revealed degenerative desiccation and a disc protrusion at L5-S1. On 10/12/06, Dr. requested physical therapy three times a week for four weeks. On 11/10/06, 12/01/06, and 12/13/06, Mr. also requested physical therapy three times a week for four weeks. On 06/13/07 and 06/29/07, Dr. requested an MRI of the back and an EMG/NCV study. On 06/22/07, Dr. wrote a letter of non-certification for a repeat lumbar MRI. On 07/13/07, Dr. wrote a letter of non-certification for a repeat lumbar MRI.

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

According to the medical records of Charles D. Clark, III, M.D., there is no change in the patient's objective neurological findings. According to the ODG Guidelines, this is the only acceptable reason to perform a repeat MRI. Further, an eloquent study done by Eugene Carragee, M.D. and his co-authors in 2006 and published in the journal, The Spine, indicates that the MRI does not change even with new pain complaints. Therefore, based both on the strength of the peer reviewed scientific literature and on the ODG Guidelines, repeat MRIs, and in this case of the lumbar spine, are neither reasonable nor necessary in regard to the occupational injury.

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)

The Spine (Eugene Carragee, et. al. 2006)