

SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.
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DATE OF REVIEW: December 6, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Repeat MRI of the lumbar spine

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

Diplomate, American Board of Internal Medicine; American College of Occupational and Environmental Medicine

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/URA include:

- Employer's First Report of Injury or Illness
- xx/xx/xx, 08/04/05, 08/10/05, 08/12/05
- 08/11/05, 11/30/05
- M.D., 08/16/05, 08/25/05, 08/30/05, 09/01/05, 09/06/05, 10/04/05, 10/07/05, 10/21/05, 11/03/05, 11/04/05, 11/09/05, 11/10/05, 11/29/05, 12/06/05
- M.D., 09/21/05, 09/22/05

- LPC, 10/10/05
- M.D., 10/11/05
- 10/18/05
- M.D., 10/24/05, 11/07/05
- M.D., 11/18/05, 01/06/06, 01/26/06, 02/17/06, 02/27/06, 03/28/06, 04/11/06, 05/05/06, 05/15/06, 06/15/06, 06/26/06
- 12/02/05
- M.D., 12/30/05
- Clinic, M.D., 01/09/06, 02/06/06, 04/04/06, 05/15/06, 06/12/06, 09/08/06, 11/28/06, 12/26/06
- Hospital, 03/16/06
- Texas Department of Insurance, 05/18/06
- Ed., 07/26/06
- M.D., 09/05/06
- M.D., 09/28/06, 04/12/07
- M.D., 10/02/06
- Center, M.D., 10/11/06, 11/08/06, 12/06/06, 01/05/07
- M.D., 12/08/06
- Clinic, M.D., 01/09/07, 03/06/07, 04/10/07, 05/10/07, 06/14/07, 07/19/07, 09/19/07, 10/18/07
- Ed., 01/30/07
- Clinic, M.D., 04/23/07
- M.D., 10/22/07
- Diagnostics, 10/22/07
- 11/02/07, 11/06/07
- M.D., 10/24/05, 10/31/05, 11/02/05, 11/07/05, 11/08/05
- Official Disability Guidelines, 2007

Medical records from the Requestor/Provider include:

- M.D., 09/21/05, 09/22/05
- Centers, M.D., 10/02/06
- M.D., 12/08/06
- Houston, M.D., 01/09/07, 01/30/07, 01/31/07, 02/20/07, 03/06/07, 04/10/07, 04/13/07, 05/10/07, 06/14/07, 07/19/07, 09/19/07, 10/18/07, 11/21/07, 11/30/07
- Clinic, M.D., 02/12/07, 04/23/07
- M.D., 04/12/07, 08/20/07
- L.L.P., 10/22/07

PATIENT CLINICAL HISTORY:

The patient is a female employed with who reports she slipped and fell on a greasy floor on xx/xx/xx and injured her left arm, cervical spine, and lumbar spine. The patient went on to have synovectomy of the first dorsal extensor compartment of the left wrist for de Quervain's syndrome.

An EMG/nerve conduction study is performed on xx/xx/xx, by M.D., who indicates that the patient has electromyographic evidence of bilateral L5-S1 radiculitis. However, he indicates on his needle examination that there were only 1+ fibrillations noted at bilateral lumbar paraspinal muscles at the L5-S1 level. He indicated there was insertional activity. Yet, there were no other findings in any other musculature. This conclusion of L5-S1 radiculitis cannot be derived from this study and does not meet AANEM criteria for electrodiagnostic definition of radiculopathy.

The patient underwent an MRI scan of the lumbar spine on October 2, 2006. A radiologist, M.D., read the films and described them as very early disc desiccation at multiple levels. There were no disc herniations. The neural foramina were widely patent. There was no neurocompression. A cervical spine MRI on the same date was read by Dr. as unremarkable MRI of the cervical spine.

For unclear reasons, the films were then reinterpreted by, M.D., on xx/xx/xx. In his evaluation, he indicated that the patient a 2-3 mm left foraminal lateral disc bulge with mild left-sided articular facet hypertrophy, resulting in mild left-sided neural foraminal narrowing. Yet just above that, he indicates the axial sequences at L1 to L5 revealed no neural foraminal narrowing or thecal impression. He indicated that there was no spondylolysis demonstrated and no paravertebral soft tissue abnormality seen. The visualized portions of the SI joints were unremarkable. Incidental note is made of retroverted uterus.

The films were then subsequently reread by, M.D., a radiologist at the same diagnostic center of, as the initial set of films, and on this occasion he indicates the patient has a 30 mm cyst of the right adnexa suggesting an ultrasound, a 1 mm broad-based disc protrusion at L3-4 without central stenosis or marked foraminal narrowing, a 1.5 mm broad-based posterior protrusion at L4-5 without canal stenosis or marked foraminal narrowing, and now reports that there is a 1.5 mm broad-based posterior protrusion that abuts the thecal sac and the S1 nerve root sleeves, and there is mild bilateral foraminal narrowing. Interestingly, we have three completely different interpretations by three radiologist at the same level listing one them as normal, the other as revealing a 2-3 mm left foraminal lateral disc bulge causing left-sided neuroforaminal narrowing, and a third reporting that there is a broad-based disc protrusion causing bilateral S1 nerve root sleeve impression with mild bilateral foraminal narrowing.

The patient continued to receive conservative treatment, however, failed to respond.

The patient apparently is being followed by M.D., at. He evaluated the patient on October 22, 2007. On his examination, he noted the patient's low back examination revealed marked tenderness, particularly on the left side. Her flexion was only about 25 degrees and extension was 20 degrees. She had a little discomfort with straight leg raising on the left side, however, not the right. He mentions no evidence of sciatica. He noted there was normal strength in the iliopsoas, quadriceps, tibialis anterior, extensor hallucis longus, gastrocnemius, and soleus group, and that reflexes were normal. He mentions nothing about a sensory examination. He then goes on to report that the MRI scan of the lumbar spine that he reviewed did reveal left foraminal stenosis on the left side at L5-S1. He indicates the patient had an EMG in September of 2005 which revealed L5-S1 radiculopathy, which is clearly wrong. He goes on, in his opinion, to

indicate that this patient has true left lumbar radiculopathy; yet his physical examination does not support radiculopathy, the EMG does not support radiculopathy. He goes on in his plan to indicate it would be most worthwhile for her to have an updated MRI scan of the lumbar spine.

There has been no change in the patient's pain levels and no change in the patient's clinical complaints or symptomatology.

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

In my opinion, there is no indication to repeat the MRI scan. The patient has had no change in her clinical symptomatology. She has manifested no clinical findings consistent with radiculopathy. There is obviously a clear controversy with regard to even the interpretation of the original MRI films. However, as best one can conclude without reviewing the original films, there may be evidence of a disc bulge with some mild foraminal narrowing. There simply is no evidence of a change in the clinical condition that would require repeating the MRI scan in this patient who is now well over two years out from her injury and manifests the same symptoms that she had previously. There is no reason to suspect any change in the MRI scan since what was found over a year after her injury when the spine was originally assessed.

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)**