



Medical Review Institute of America, Inc.
America's External Review Network

DATE OF REVIEW: June 21, 2007

IRO Case #:

Description of the services in dispute:

Item(s) in dispute: Stand-up MRI Test and EMG Test, medical necessity?

A description of the qualifications for each physician or other health care provider who reviewed the decision:

This review was provided by a chiropractor who is licensed in Texas, certified by the National Board of Chiropractic Examiners, is a member of the American Chiropractic Association and has several years of licensing board experience. This reviewer has given numerous presentations with their field of specialty. This reviewer has been in continuous active practice for over twenty years.

Review Outcome:

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

Overtured.

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.

The requested MRI and EMG are medically necessary.

Information provided to the IRO for review:

Records Received from the State:

Notice of Case assignment dated 5/31/07 1 page

Request for IRO dated 5/29/07 8 pages

Carrier "Notice of Utilization Review Findings," initial and reconsideration, dated 3/21/07 and 4/5/07 (respectively), for the requested services 8 pages

Letter to the patient 3/21/07 and 4/5/07 2 pages
Records
Notice of Case Assignment dated 5/31/07 1 page
Fax cover sheet dated 3/14/07
Contact information undated 1 page
Referral for MRI dated 3/13/07 1 page
Follow up note dated 3/13/07 1 page
Letter from IRO coordinator dated 6/1/07 1 page
Records Received
Notice of IRO assignment 5/31/07 1 page
Notice of Utilization review findings dated 8/4/05, 8/16/05, 10/20/05, 10/25/05, 11/22/05, 1/2/06, 1/12/06, 2/1/06, 5/2/06, 5/12/06, 6/7/06, 9/18/06, 7/19/06, 8/25/06, 12/8/06, 1/9/07, 2/13/07 47 pages
Previous medical records from an earlier injury, 13 pages
Myelogram and CT post-myelogram, dated 7/17/01 4 pages
Patient information forms dated 2/10/00 2 pages
Work status report undated 1 page
Fax cover sheet from RN 5/17/05 1 page
Lumbar x-ray report, dated 5/19/05 4 pages
Patient intake forms and questionnaires, dated 5/20/05 16 pages
Request for EMG 5/25/05 1 page
Insurance benefits worksheet undated 1 page
Physician notification 6/13/05 1 page
Recommendation for MRI 6/27/05 1 page
History and physical report, dated 6/27/05 (doctor of chiropractic) 4 pages
Employers first report of injury 1 page
Work Status report 6/28/05 1 page
Neutral sitting, sitting flexion and sitting extension lumbar MRI report, dated 7/11/05 6 pages
Work status report 7/12/00 1 page
Follow-up narrative notes (doctor of chiropractic) 7/12/05, 7/15/05 4 pages
Initial PT eval dated 7/29/05 4 pages
PT/OT daily note 8/2/05 1 page
Pain management consultation and report, dated 7/15/05 1 page
Initial Physical Therapy Evaluation, dated 7/29/05
Operative procedural note (for facet injection) and discharge summary, dated 8/25/05 7 pages
Appeal letter dated 8/26/05 1 page
Work status report 8/30/05 1 page
Follow up progress notes 8/30/05, 9/16/05 2 pages
Pain management anesthetic record 11/7/05 1 page
Designated Doctor Evaluation 5 pages
Interim History and Physical 10/11/05 2 pages

Work status report 10/27/05 1 page
Procedure note 11/7/05 4 pages
Followup visit 11/14/05 2 pages
Work status report 11/30/05 1 page
Follow up note 11/30/05 1 page
Rebuttal letter 11/30/05 1 page
Follow up 12/16/05 1 page
Work status report 12/16/05
Medical consultation, dated 12/29/05 3 pages
Work status report 12/26/05 1 page
Report of medical evaluation 9/30/05 1 page
Operative note (medial branch block), dated 1/6/06 1 page
Check resubmittal request 1/6/06 1 page
Follow up note 1/13/06, 1/16/06 5 pages
Procedural report (cardiac catheterization) with right coronary artery thrombectomy and balloon angioplasty (with drug-coated stent), dated 1/31/06 10 pages
Patient admit information 1/31/06 2 pages
Consult notes 1/30/06 and 1/31/06 7 pages
Labs dated 2/4/06 6 pages
Abdominal ultrasound 1/30/06 2 pages
Radiology reports 1/30/06 2 pages
ECG 2/1/06 3 pages
Chart notes 1/30/06 5 pages
Work status report 2/14/06
Follow up note 2/13/06 1 page
Report of medical evaluation 3/6/06 1 page
Work status report 3/3/06 1 page
Follow up note 3/3/06 1 page
Designated doctor examination, report, and DWC-69, dated 3/6/06 ("not at MMI") 4 pages
Cover Sheet 3/15/06 1 page
Evaluation, dated 3/20/06 4 pages
Follow up visits 4/24/06, 5/26/06 2 pages
New patient visit 5/30/06 2 pages
Work status report 6/2/06 1 page
Claims questionnaire 5/9/06 1 page
Medical exam dated 7/10/06 3 pages
Consultation and report, with lumbar discogram, dated 7/5/06 3 pages
Work status report 7/10/06 1 page
Carrier requested medical examination and report, with FCE, dated 7/10/06 23 pages
Work status report 7/11/06 1 page
Follow up 7/11/06 2 pages

Rebuttal 7/27/06 1 page
Peer review, dated 7/28/06 4 pages
Lumbar myelogram and CT, with report, dated 8/8/06 2 pages
EMG/NCV, with report, dated 8/11/06 2 pages
Follow up note 8/15/06 2 pages
Report of Electrodiagnostic Testing undated
Invoice dated 8/22/06 1 page
Work status report 8/18/06 1 page
Operative report (selected nerve root block, L3 left, and epidurography) dated 8/31/06 2 pages
Surgery scheduling checklist 9/5/06 1 page
Work status report 9/5/06
Follow up 9/9/06 2 pages
Patient education note 9/26/06 1 page
Patient profile 10/19/06 1 page
Follow up 10/3/06 1 page
Employer's first report of injury 1 page
Surgery scheduling sheet 1 page
Patient demographic records undated 3 pages
Short stay record 1 page
Medication list 10/16/06 1 page
Implant record 1 page
Surgery consult 2 pages
Operative report 2 pages
Preoperative assessment 9/26/06 2 pages
Physicians orders 10/13/06–10/16 2 pages
Insulin orders 10/13/06 1 page
Physicians orders 10/13/06 1 page
Post op orders 8 pages
Progress notes 10/13–10/16/06 3 pages
Patient progress notes 3 pages
Chart notes 16 pages
Labs 3 pages
ECG 1 page
Medication record 27 pages
Labs 5 pages
Education records 16 6 pages
Admission assessment 6 pages
Patient care summary 28 pages
Work Status report 1 page
Radiology report 3 pages
Follow up 11/8/06 1 page

PT/OT eval 11/28/06 3 pages
Work status report 1/12/07 1 page
Request for FCE 12/12/06 1 page
RX dated 12/12/06 1 page
Follow up dated 12/12/06 1 page
PT/OT daily notes 12/13/06, 12/20/06, 12/22/06 4 pages
Follow up 1/2/07, 1/9/07 4 pages
Work status report 1/9/07 1 page
PT evaluation 1/11/07 3 pages
Letter of medical necessity 1/29/07 3 pages
Therapy Daily Note 1/16/07, 1/18/07, 1/22/07, 1/30/07, 2/6/07, 2/8/07 6 pages
Work status report 2/13/07 1 page
Follow up 2/13/07 1 page
Therapy daily note 2/21/07, 2/23/07, 2/26/07 3 pages
Work status report 3/13/07 1 page
Claims department information request 4/20/07 1 page
Follow up 3/13/07 1 page
Rebuttal 3/27/07 1 page
Letter of medical necessity 4/17/07 1 page
Claims department information request 4/20/07 1 page
Therapy daily note 1/22/07 2 pages
Follow up 4/24/07 1 page
Letter of appeal 5/1/07 1 page

Patient clinical history [summary]:

The patient is a female with a prior history of left lower back and left leg pain who, while in the usual course of her employment, slipped and fell, hitting her left arm, twisting her left knee, and landing onto her left buttocks. She had immediate lower back pain, left shoulder/arm pain, and within hours, developed pain down her left thigh at work, injuring her lower back. All but the lower back pain resolved within a reasonable amount of time and therapeutic intervention.

Following a conservative trial of land and water stabilization exercises, facet injections, oral medication, and medial branch block at L2, 3 and 4 (left), a lumbar discogram was performed that revealed abnormalities at L3-4. Therefore, the patient underwent lumbar surgery, followed by post-operative physical therapy. The claimant seemed to be responding favorably, when suddenly she experienced a marked flare-up of her symptoms. Following evaluation by the medical and chiropractic doctors monitoring the case, a pre-authorization request was made for a follow-up standing MRI and EMG study.

Analysis and explanation of the decision include clinical basis, findings and conclusions used to

support the decision:

In this case, the carrier initially denied the requested services citing ACOEM, specifically that the lumbar imaging was medically unnecessary because the claimant lacked “objective, unequivocal neurologic physical examination findings documenting either a new radiculopathy, or a significant change in a previously documented radiculopathy.” On reconsideration, the carrier cited this same ACOEM reference as their basis for denial, and added “...the office visit during which the study was ordered appears to be the only office visit since the claimant’s surgery...” (Interestingly, neither reviewer addressed the medical necessity of the requested EMG and focused solely on the medical necessity of the MRI study in their respective denials.) In these ACOEM references, it was left unclear whether or not this reference was even applicable since the patient had already undergone a surgical procedure. Furthermore, upon review of the medical records submitted, there were several “office visits” performed and documented following the patient’s surgery making it questionable whether or not the reviewers were even provided the entire case file prior to rendering their decisions.

The *Millman Care Guidelines* state that it is medically necessary to perform an MRI when a “previous lumbar surgery AND ALL of the following are present:

- Significant new symptoms
- Surgical management being considered”

According to the “rebuttal” note submitted by the treating doctor of chiropractic (dated 3/27/07), it was documented in the record “another surgical procedure” was being considered. Based on these facts, the requested procedures fulfill the requirements for medical necessity, as defined by *Milliman*.

A description and the source of the screening criteria or other clinical basis used to make the decision:

Berquist TH. *Imaging of the postoperative spine*. Radiologic Clinics of North America 2006; 44(3):407–18. [Context Link
Millman Care Guidelines