



IMED, INC.

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NOTICE OF INDEPENDENT REVIEW DECISION

IRO REVIEWER REPORT

DATE OF REVIEW: 06/12/07

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Items in Dispute: MRI of the lumbar spine.

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

Texas License and currently on TDI DWC ADL.
Board Certified Orthopedic Surgeon

REVIEW OUTCOME:

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

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- 05/01/06 Thru 08/28/06 – Progress notes.
- 05/17/06 – MRI scan without contrast of the lumbar spine, M.D.
- 05/23/07 – Insurance Company.

Primary Diagnosis Code	Services Being Denied	Billing Modifier	Type of Review	Units	DOS	Amount Billed	DWC Claim #	Upheld/ Overturned
724	MRI	72148	Retrospective	1		\$	Unknown	Upheld

INJURED EMPLOYEE CLINICAL HISTORY (SUMMARY):

The employee was injured while picking up a heavy object and putting it on a conveyor belt when she experienced a sharp stabbing pain in her low back. The pain also went down both legs about halfway to the knees.

The employee went to her family doctor where she received prescriptions for Valium, Vicodin, and anti-inflammatory medication.

On the same day, the employee went to see Dr. a chiropractor. Dr. reported pain in the back that radiated down both legs about halfway to the knees. There was no objective examination in the medical records provided for this review. Dr. performed chiropractic care and physical therapy.

On 05/16/06, Dr. reported continued pain in the low back and the right buttock area. This was a dull pain with no severe pain down either leg.

Imaging performed a lumbar MRI on 05/17/06 for the indications of back and bilateral leg pain. The radiologist reported a broad-based posterior protrusion at L5-S1 contacting the S1 nerve roots. There was mild foraminal narrowing without evidence of impingement upon the existing L5 nerve roots. There was facet arthropathy at L4-L5 and L5-S1 and a minimal disc bulge at L4-L5.

Dr. continued treating the employee and reported on 05/31/06 that she had low back pain on the left side. There was no objective examination other than the observation that there was spasm in the lumbar spine.

On 06/21/06, Dr. reported that the low back pain was improved, and there was no severe pain.

On 06/26/06, Dr. reported that the pain continued to improve.

On 07/19/06, Dr. reported that the employee had pain in the low back with no severe pain in any areas. The employee was a bit tight and stiff in her low back.

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

There were no appropriate indications for the MRI of the lumbar spine, and this request is denied. The *Official Disability Guidelines* list indications for an MRI including 1) any suggestion of abnormal neurologic findings below the level of injury, 2) progressive neurologic deficit, 3) persistent pain with or without positive neurologic findings, 4) previous herniated intervertebral disc within the past two years and radicular pain with positive neurologic findings, and 5) patients with significant neurologic findings and failure to respond to conservative therapy despite compliance with therapeutic regimen.

The *Official Disability Guidelines* provides indication for an MRI on the fourth visit (day 21 to 28) in about 3% of total cases to confirm extruded disc with nerve root displacement. The MRI is not indicated without obvious clinical levels of nerve root dysfunction, clear radicular findings, or before three to four weeks. This lumbar MRI did not meet any of the listed criteria for indications, and therefore, the MRI is not approved.

If the IMED's decision is contrary to: (1) the DWC's policies or guidelines adopted under Labor Code §413.011, IMED must indicate in the decision the specific basis for its divergence in the

review of medical necessity of non-network health care or (2) the networks treatment guidelines, IMED must indicate in the decision the specific basis for its divergence in the review of medical necessity of network health care.

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

A. *Official Disability Guidelines*