

SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.
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DATE OF REVIEW: March 20, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Repeat MRI

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 Requestor include:

- M.D., 10/30/06, 11/27/06, 01/25/07, 02/19/07

Medical records from URA include:

- Texas Department of Insurance, 03/08/07
- 04/07/06
- M.D., 01/25/07, 02/19/07

Medical records from the Carrier include:

- 03/13/07
- Employer's First Report of Injury or Illness,
- 07/12/05, 07/19/05, 08/02/05, 08/23/05, 09/19/05, 10/20/05
- MRI, 07/19/05
- 08/08/05, 08/16/05, 08/17/05, 08/19/05, 08/29/05
- M.D., 08/02/05, 08/23/05, 09/20/0
- M.D., 08/23/05, 10/04/05, 10/18/05
- M.D., 10/04/05
- 10/04/05
- M.D., 11/08/05, 12/06/05, 03/16/06, 04/18/06, 06/29/06, 07/27/06, 08/22/06, 10/17/06
- M.D., 11/30/05
- 12/01/05
- Medical Center, 02/22/06, 06/05/06
- 04/07/06
- 06/13/06, 06/15/06, 08/17/06
- D.O., 06/23/06
- Center, 08/17/06
- M.D., 08/31/06, 11/27/06, 12/14/06, 01/25/07
- Pain Medicine, 12/20/06, 01/04/07, 01/09/07, 01/10/07, 01/11/07, 01/12/07, 01/15/07, 01/16/07, 01/17/07, 01/18/07, 01/19/07, 01/22/07, 01/23/07
- T.M.D., 02/05/07
- M.D., 02/21/07

PATIENT CLINICAL HISTORY:

Medical records indicate a date of injury of. The first report of injury indicates a right knee injury having occurred on. Injuries included the right knee and the lumbar spine.

MRI of the right knee initially disclosed a minor injury to the patellar retinaculum. MRI of the lumbar spine disclosed a 5 mm disc protrusion at L4-5 and L5-S1. Epidural steroid injections were subsequently performed by Dr..

Repeat lumbar MRI was subsequently performed on December 1, 2005 and was essentially unchanged.

A third MRI of the lumbar spine was performed on April 7, 2005, and again revealed two level broad-based disc protrusions, again measuring 5 mm. Further epidural injections were performed.

The patient was subsequently placed at maximum medical improvement by a designated doctor and given a 10% impairment rating.

Continued epidural injections were performed.

Dr. subsequently performed a required medical examination and offered an opinion that a lumbar sprain was the only reasonable diagnosis and that further treatment was not reasonable or necessary. It was also his opinion that she did not require surgery, prescription medication, further investigation, or durable medical equipment in regard to the compensable injury.

Dr. subsequently became her treating physician.

I have also reviewed a letter of medical necessity provided by Dr. dated October 30, 2006, which indicated that Dr. became her treating doctor because the adjustor gave approval for it. At that point, Dr. opined that the patient may be candidate for surgery.

A repeat MRI was requested and denied on two occasions by the carrier. I am, therefore, asked to act as an independent reviewer.

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

It is my opinion that a repeat MRI is not medically reasonable or necessary. It is additionally my opinion that the denial was appropriate.

The patient has had three MRI scans, which have revealed absolutely no changes from the date of injury through April of 2006. This indicates that her condition is not a progressive condition but a static condition. In the absence of any progressive neurologic deficits or change in clinical findings, a repeat MRI would not be indicated. The medical records that I reviewed also indicate no clinical progression or neurologic deficits. In fact, Dr. indicates that she has a completely normal neurologic examination.

Therefore, it is my opinion that a repeat MRI is not medically reasonable or necessary. This opinion is based upon my education, training, and experience as well as a review of the literature. "Repeat MRI's are indicated only if there is progression of the neurologic deficit." (Bigos, 1999; Mullin, 2000; ACR, 2000; AAN, 1994; Aetna, 2004; Airaksinen, 2006).

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)

Bigos, 1999; Mullin, 2000; ACR, 2000; AAN, 1994; Aetna, 2004; Airaksinen, 2006.