

**SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.**  
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**DATE OF REVIEW:** September 28, 2007

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

MRI of the lumbar spine without contrast

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

Diplomate of the American Chiropractic Neurology Board

**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 URA include:

- Official Disability Guidelines, 2007
- Center, M.D., 05/19/06
- M.D., 08/31/06, 07/05/07
- Orthopedic, M.D., 01/11/07

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- Centers, M.D., 03/07/07
- Consultants, M.D., 04/13/07, 05/11/07, 06/08/07
- Centers, D.O., 06/20/07
- Clinic, D.C., 06/22/07
- CentersD.C., 07/05/07

Medical records from the Law Offices include:

- Hospital, M.D., 10/15/05,
- M.D., 01/02/06
- Imaging, M.D., 04/21/06
- Centers, LPN, UR Nurse, 06/20/07, 07/05/07
- Law Offices 09/14/07

Medical records from the Provider include:

- Center, M.D., 06/11/04
- M.D., 08/31/06
- Orthopedic, M.D., 01/11/07
- Centers, M.D., 03/07/07
- Consultants, M.D., 04/13/07, 05/11/07, 06/08/07, 07/27/07, 08/31/07
- Clinic, D.C., 06/22/07, 07/27/07
- Centers, D.O., 06/20/07
- Centers, , D.C., 07/05/07

### **PATIENT CLINICAL HISTORY:**

I have reviewed the records on the above mentioned patient including an MRI dated May 19, 2006 that reveals a 2 mm broad-based disc bulge with lateral recess stenosis at L4-5, and a minimal disc bulge at L3-4 and L5-S1.

M.D. performed lumbosacral percutaneous epidural adhesiolysis on May 10, 2007.

On July 5, 2007, the patient was seen by M.D., with continued complaints of right leg pain that appeared radicular. The patient indicated that his symptoms had not changed in the past year. Dr. is requesting a followup MRI.

There was range of motion testing performed on July 5, 2007, that is also presented.

There is a request for a repeat MRI that has been denied.

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

You have asked if the MRI of the lumbar spine without contrast is reasonable and necessary. I uphold the decision that it is not reasonable or necessary, based on the fact that there were originally no significant findings presented in the disc. ODG guidelines indicate that a second MRI would only be necessary if there was a progression of neurological signs. There is not in this case. Therefore, in my opinion, the MRI of the lumbar spine without contrast is not reasonable or necessary.

**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)