



REVIEWER'S REPORT

DATE OF REVIEW: 04/10/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

MRI scan.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

D.C., D.O., M.S., Board Certified in Chiropractic, Physical Medicine and Rehabilitation, Pain Management

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This injured employee apparently had an event at work resulting in low back pain, ultimately diagnosed as an L2/L3 herniated disc with L5/S1 annular tear. She has had two epidural steroid injections in the past with good relief. She continues with lower back pain, which apparently was exacerbated in 2006 after Functional Capacity Evaluation. The report indicates that this exacerbation has lasted almost two years. There has been no progression in the neurological findings. In fact, her pain levels in the recent notes of Dr. reflect stabilization at a 3/10 to 4/10 level.

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

The request for an MRI scan is difficult to support at this time. In as much as we already know the pathology of the discogram, doing an MRI scan at this point in time, unless as part of a surgical plan, is not supported. On page 141 of the ODG Guidelines, reference is made to ordering an MRI scan if at least one month of conservative therapy fails if there is a severe and progressive neurological deficit. There is no neurological deficit identified, only the pathology from the discogram. I do believe the discogram does

explain her symptomatology, and unless surgical procedure is being contemplated, repeat neural imaging is not supported. I do not see evidence that a surgical procedure is going to be performed or contemplated at this point in time.

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

(Check any of the following that were used in the course of your review.)

- 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 national accepted medical literature (provide a description).
- _____ Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)