

SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.
7502 GREENVILLE AVENUE
SUITE 600
DALLAS, TEXAS 75231
(214) 750-6110
FAX (214) 750-5825

DATE OF REVIEW: January 7, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Repeat outpatient lumbar 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 Carrier include:

- 01/03/08
- 11/29/07, 12/11/07
- M.D., 10/27/03, 08/02/04, 11/13/07, 12/04/07

Medical records from the URA include:

- Official Disability Guidelines, 2007
- Texas Department of Insurance, 12/31/07, 12/18/07
- 12/04/07, 12/21/07
- Orthopaedic Clinic, M.D., 12/04/07

Medical records from the Provider include:

- Orthopaedic Clinic, M.D., 10/27/03, 08/02/04, 11/13/07, 12/04/07, 01/02/08
- Diagnostic Imaging, 11/13/07

PATIENT CLINICAL HISTORY:

The records provided begin on October 27, 2003, by M.D. He gives a history that the patient is a male who injured his lower back doing office work. He was doing heavy lifting when he injured his back. He underwent two lumbar decompressive surgical procedures. Dr. provided a diagnosis of spondylogenic lumbosacral spine pain with bilateral lower extremity symptoms, anatomic etiology undetermined. Vioxx was prescribed.

The patient returned in August of 2004. He reported a history of increasing lower back pain when he had to discontinue his Vioxx. He also reported bilateral calf aching and numbness. Dr. did not document a physical examination at that time.

The patient then returned on November 13, 2007. He reports progressive lower back and bilateral lower extremity symptoms. A normal gait was noted. The patient could toe walk and heel walk. His straight leg raising was normal. There were no neurologic findings. Dr. recommended an MRI scan.

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

It is my opinion that an MRI scan is not indicated based upon the ODG Guidelines. The ODG Guidelines require evidence of cauda equina syndrome or evidence of neurologic defect. It does provide indications for uncomplicated low back pain with prior lumbar surgery; however, the physical findings in this case are absent. In fact, Dr. did document an essentially normal physical examination. I am, therefore, in agreement with the reviewing physician in this case.

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)