



Southwestern Forensic
Associates, Inc.

DATE OF REVIEW: January 8, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Cervical MRI using gadolinium.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

I am a chiropractor with over 27 years of clinical experience and specialties in Manipulation under Anesthesia, Sports Medicine, and Peer Review. I have been actively involved in the Worker's Compensation arena in the State of Texas since 1990 and a Designated Doctor for the system since its inception.

REVIEW OUTCOME:

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

_____ Upheld (Agree)

___X___ Overturned (Disagree)

_____ Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

There are approximately 82 pages for review, including but not limited to:
18 pages from Texas Department of Insurance assignment in which there were two utilization review reports also included dated 12/14/2007 from, D.C., and utilization review on 12/03/2007 from, D.O.

The requester supplied approximately 48 pages for review, which included but not limited to:

One page from Diagnostics, a request for a gadolinium MRI study dated 11/27/2007; a letter from Chiropractic and Rehabilitation Center on 12/03/2007 signed by Dr.; Two pages of an exam from Chiropractic and Rehabilitation dated 10/25/2007; another exam report dated 10/08/2007; three pages from MRI, a report dated 11/09/2007 of an MRI of the cervical area; two pages from Imaging dated 11/29/2007 which is a report on a lumbar MRI; three pages from utilization review dated 12/14/2007 from, D.C.; three

pages of a utilization review dated 12/03/2007 signed by, D.O.; approximately 11 pages from Therapeutics and appeal which includes the aforementioned examinations, utilization review reports and MRIs; one handwritten note the source of which is not identified nor is the date, but states that the date of injury is xx/xx/xx, as the patient had gotten worse. The patient had surgery in 1999, Dr., and he has audible crepitations; one page of demographic sheet from Chiropractic and Rehabilitation Center. While the delineated pages do not add up to the 48 pages from the requester, many of these were in either duplicate or triplicate form as far as submission.

The physician's records include approximately 13 pages. The breakdown is the same as the aforementioned examinations on 10/25/2007 and 10/08/2007 at Chiropractic and Rehabilitation, the aforementioned MRIs and the aforementioned utilization review reports. The handwritten note was also included. The only change from the records from the requester was a one-page notice from a., D.O. dated 10/19/2007 on a script pad, apparently requesting an MRI of the cervical spine and diagnosed with acute severe cervicalgia to the cervical decompression and fusion graft in 1999.

As stated earlier, approximately 82 pages were submitted of which approximately 18 pages came from TDI as the assignment to the IRO and included two utilization review reports, 48 pages from the requester which included multiple exams, MRIs and utilization reports as delineated above, and approximately 13 pages from the physician which included those same exams, handwritten reports and a note from a Dr..

ODG Guidelines were presented by the carrier.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The claimant is a xx-year-old male who injured his neck and lower back while loading and unloading trucks on xx/xx/xx. A cervical fusion was subsequently performed on this claimant at the C6-7 level by, M.D. in 1998. The patient currently has complaint of increased pain and complains of crepitus in the joints of the cervical spine.

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

Both of the utilization review physicians, , D.C. and, D.O., are correct in using the criteria for both ACOEM and ODG. They have also utilized Minnesota Rules, Table of Chapters; Chapter 5221, Section 5221.6100, parameters for medical imaging, which states that gadolinium enhanced MRI scanning is indicated when:

1. There has been previously spinal surgery and imaging study is used to differentiate scar due to previous surgery from disc herniation or tumor.
2. Hemorrhage is suspected.
3. Tumor or vascular malformation is suspected.
4. Infection or inflammatory disease is suspected.
5. Unenhanced MRI scanning was equivocal.

In the MRI report of the cervical spine from MRI dated 11/09/2007, under the first paragraph under MRI findings, the final line states, "cannot completely exclude chronic

infection process (osteomyelitis).” It further states that, “perhaps nuclear gadolinium scan or nuclear tagged leukocytes should be considered to make sure this is not a chronic infectious process at the level above the fusion procedure.”

The radiologist states that although he can delineate some specific problems from the unenhanced MRI, voices his concern regarding two of the indications according to the parameters for medical imaging, specifically the fourth or the infection or inflammatory disease and the fact that the MRI in this case was equivocal in regards to infection. It should also be noted that these same parameters state that previous spinal surgery can be used to differentiate scar tissue due to previous surgery from disc herniation or tumor as it’s first indication. The fact that the patient had previous surgery would be a first indication that an enhanced gadolinium MRI study be performed rather than an unenhanced.

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 judgment and 27 years of clinical experience and expertise in accordance with accepted medical and chiropractic standards.
- 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.) Mercy Guidelines.