



Southwestern Forensic  
Associates, Inc.

**Amended September 2, 2009**

**DATE OF REVIEW:** 08/29/09

**IRO CASE #:**

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

Repeat lumbar MRI scan

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients suffering spine problems

**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)

**INFORMATION PROVIDED FOR REVIEW:**

1. SWF forms
2. TDI referral forms
3. Fax cover pages
4. Denial letter, 07/16/09
5. Requestor records
6. Clinical note, 07/09/09
7. URA records
8. MRI scan, lumbar spines, 01/13/09
9. EMG/nerve conduction study, 08/06/09

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

The patient is a male who suffered a twisting and direct blow injury to the lumbar spine region on xx/xx/xx. He complains of right lower extremity pain radiating to his great toe. A lumbar MRI scan dated 01/13/09 revealed annular tear at L2/L3 and annular bulging at L4/L5. The patient has physical findings suggestive of S1 radiculopathy with diminished ankle jerk and straight leg raising test positive. There is no documentation of specific

nonoperative treatment. There is no documentation suggestive of change or progression of symptoms or physical findings. The MRI scan of the LS spines, 01/13/09, did not demonstrate abnormalities at the L5/S1 level, and the EMG/nerve conduction study of 08/06/09 was considered a normal study without electrodiagnostic evidence of radiculopathy.

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

Though the patient has history and physical findings suggestive of S1 radiculopathy, the previous MRI scan was negative at the levels that would suggest neural compromise of the S1 nerve root. EMG and nerve conduction study on 08/06/09 did not confirm electrodiagnostic evidence of radiculopathy. It was a normal study. At this time in the absence of progression or changes in the clinical setting suggesting progressing neurologic compromise, the repeat MRI scan cannot be justified. Medical necessity of a repeat MRI scan is not established. The prior denial appears to have been appropriate and should be upheld.

**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, clinical experience and expertise in accordance with accepted medical standards.
- Mercy Center Consensus Conference Guidelines.
- Milliman Care Guidelines.
- ODG-Official Disability Guidelines & Treatment Guidelines, 2008, Cervical Spine Chapter, Discography passage.
- 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.)