



DATE OF REVIEW: 06/05/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:

MRI scan of lumbar spine.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of the spine-injured patient

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:

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This unfortunate male suffered a lumbosacral strain injury when lifting an air compressor on xx/xx/xx. He was evaluated and felt to have suffered lumbosacral strain syndrome. He was treated with chiropractic manipulations, physical therapy, epidural steroid injections, and was ultimately placed at MMI in 2004. He was re-evaluated on 03/10/09. Posterior tibial tendon reflexes were felt to be diminished bilaterally. The MRI scan of

07/07/04 revealed pathology at L4/L5 and L5/S1. There was an equivocal EMG/nerve conduction study at that time. The patient has utilized BC Powder as a pain medication throughout the past years. There is no documentation of the patient's status when placed at MMI in 2004.

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

The justification for a repeat MRI scan requires that there be documentation to suggest worsening of neurological findings. In the absence of documentation of the patient's status in 2004 and the treatment that he received from 2004 to the present, it is not possible to justify a repeat MRI scan at this 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.)