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Notice of Independent Review Decision

DATE OF REVIEW: 03/02/09

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: MRI lumbar spine w/o dye

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

Board Certified Orthopedic Surgeon

REVIEW OUTCOME

Upon independent review, the reviewer finds that the previous adverse determination/adverse determination should be:

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. 08/29/08 thru 12/17/08.
2. EMG/NCV testing of upper extremities, 10/28/08
3. MRI of the cervical spine, 11/07/08
4. UR determination dated 12/16/08
5. UR determination dated 12/24/08
6. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The employee was xx years old when he was injured while driving a company vehicle. He was stopped at a red light and was struck from behind by another vehicle. The impact caused the truck to move three feet forward, and the employee's body was apparently thrown back and forth inside the vehicle. The employee reported he had to turn his head slightly to talk to his coworker. He denied loss of consciousness or significant physical head trauma. Immediately after the accident, the claimant developed significant pain in his neck, mid back, and low back and experienced

shooting pains down both arms with numbness and tingling at various times in the fingers.

The employee was initially seen by his family doctor with negative x-rays. The employee was given pain medications and muscle relaxants. The date of injury was xx/xx/xx, and the date of initial visit 08/29/08. Treating provider was , D.C., PA-C.

The employee's past medical history reported bipolar depression, otherwise unremarkable. Occupational history noted the employee worked as an for a with a reported physical demand level of heavy. The physical examination revealed moderate trigger point tenderness and muscle spasms throughout the neck. There were also myofascial trigger point tenderness and muscle spasms throughout the lumbar and thoracic region. The diagnosis was cervical sprain/strain; cervical radiculitis; cervical disc displacement; lumbar disc displacement; lumbar sprain/strain; and thoracic sprain/strain. The employee was prescribed Norco for severe pain, Medrol Dosepak for inflammation, and Flexeril for muscle spasms. The employee was to begin physical medicine and rehabilitation.

The employee received three sessions of physical rehabilitation at from xx/xx/xx to 09/13/08.

On 09/16/08, the employee was seen in follow-up at. At that time, he continued to be symptomatic, continued on medications, and a TENS unit was rented. The employee continued rehabilitation and therapy with as well as monitored physician visits; however, he continued to be symptomatic.

On 11/07/08, the employee underwent an MRI of the cervical spine without contrast that revealed mild uncovertebral spurring at C4-C5 and mild bony nerve root narrowing at the left. There was no focal disc herniation or significant spinal stenosis.

On 10/29/08, the employee underwent EMG/NCV testing by Dr., a neurologist. The testing was suggestive of a bilateral C4 radiculopathy and C5 radiculopathy on the left. There was no evidence of axonal denervation.

Since late 2008, the employee has continued to be followed by for regular physician visits, as well as underwent a Functional Capacity Evaluation (FCE) performed and attendance of work hardening/work conditioning.

The records indicate that a request was submitted for an MRI of the lumbar spine on 12/16/08. This was reviewed by Dr. who opined that the employee had negative radiographs and no evidence of neurologic deficit attributable to the lumbar spine. This determination was appealed and subsequently reviewed by Dr. on 12/24/08. Dr. upheld the previous denial and noted there was not evidence of a progressive neurological deficit to establish the medical necessity of the request.

On the last physical examination of 01/30/09 at, the employee had continued tenderness in the neck and low back. The clinical impression was acute myofascial strain of cervical region with right cervical radiculitis. It was recommended the employee continue light duty and follow-up in one month. The diagnosis also included myofascial strain of the lumbar region.

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

I concur with the previous reviewers. The submitted clinical information indicates that the employee has continued subjective complaints of low back pain without evidence of a neurologic deficit that is attributable to the lumbar spine. There is no evidence of a progressive neurological deficit and plain radiographs are unremarkable. The treating provider's actions are contradictory. The employee was recommended to have MRI of the lumbar spine, yet continued in a work hardening program. This action is inconsistent with the premise that the employee is deteriorating and requires an MRI.

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

1. *Official Disability Guidelines*