



Southwestern Forensic  
Associates, Inc.

**REVIEWER'S REPORT**

**IRO CASE #:**

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

MRI of the thoracic spine without contrast

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

D.C. practicing for eighteen years with emphasis on therapeutic rehabilitation

**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)

I find that medical necessity does exist for an MRI scan of the thoracic spine without contrast.

**INFORMATION PROVIDED FOR REVIEW:**

1. 03/09/10, TDI fax cover, one page
2. 03/09/10, TDI notice to URA of assignment to IRO, one page
3. 02/08/10, confirmation of receipt of request for review by IRO, eight pages
4. 01/20/09, imaging report xxxxx, two pages
5. 06/12/09, MRI and Diagnostics, x-ray, one page
6. 03/26/09, electrodiagnostic interpretation, two pages
7. 06/10/09, xxxx xxxx and xxxx, MMI/impairment rating, three pages
8. 03/24/09 through 08/18/09, Spine treatment notes, eight pages
9. 01/29/09, xxxx xxxx, P.A., evaluation, three pages
10. 06/19/09, DWC-69 report of medical evaluation, one page
11. 02/08/10, xxxx xxxx, initial consultation, three pages
12. 03/09/10, fax from xxxx xxxx to D.C., urgent request for medical records, one page
14. Undated, xxxx xxxx demographics sheet, one page

15. Undated, report form for MRI scan, one page
16. 02/25/10, ESIS Peer Review, three pages
17. 02/25/10, Peer Review findings, four pages
18. 02/11/10, xxxxx Peer Review, five pages
19. Undated, Utilization Review Unit, request for treatment authorization form, one page
20. 08/18/09, Diagnostics MRI scan request, one page
21. 03/05/10, reconsideration request findings, three pages
22. 03/05/10, xxxxx reconsideration request recommendation, three pages

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

The injured employee was working in the course and scope of his employment lifting racks off of an elevator, which weighed approximately 550 pounds each when he felt the sudden onset of low back pain, at which time he was unable to move for several moments. He has since also felt pain and weakness in his leg. He was treated by conservative measures including medications, physical therapy, and some advanced diagnostic imaging. The request for thoracic MRI scan has been requested and denied.

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

This injured employee was working in the regular scope of his work duties, lifting extremely heavy weight repetitively. The records indicate he was lifting racks from the elevator which weighed 550 pounds each. The sudden onset of lower back pain would indicate an injury, which is consistent with an increase in spinal and intrathecal pressure. Films reveal a compression fracture at T12. There are significant signs and symptoms in the region to warrant additional diagnostic testing. The injured employee felt lower back pain, which does not necessarily preclude that an injury is only to the lumbar spine. The lower thoracic spine compression deformity could certainly have been the result of a lifting injury. Peer reviewer stated that repeat MRI scan should be done only in the instance of progression of neurological deficit. This injured employee has previously had a lumbar MRI scan. He has not had a thoracic MRI scan, and thus this is clearly not a repeat study. The patient was treated conservatively. He was referred to a specialist who also requested the thoracic MRI scan. With the findings documented in this file, and based on ODG and considerable clinical experience, I find that this request is reasonable and medically necessary and does meet the criteria of the Official Disability Guidelines.

**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.
  - 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.)