



Medwork Independent Review

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NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION Workers' Compensation Health Care Network (WCN)

MEDWORK INDEPENDENT REVIEW DECISION (WCN)

DATE OF REVIEW: 07/29/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar MRI

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

Texas State Licensed MD Board Certified Occupational Medicine physician

REVIEW OUTCOME Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
 Overturned (Disagree)
 Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Texas Dept of Insurance Assignment to Medwork 07/12/2010
2. Notice of assignment to URA 07/12/2010
3. Confirmation of Receipt of a Request for a Review by an IRO 07/07/2010
4. Company Request for IRO Sections 1-8 undated
5. Request For a Review by an IRO patient request 07/06/2010
6. Coventry letter 06/24/2010, 06/22/2010, 06/08/2010, carrier submission 07/13/2010
7. Letter 06/03/2010, chart note 07/01/2010, note 06/07/2010, 05/27/2010, 05/26/2010, 05/06/2010, therapy 04/24/10-04/30/10, 04/17/10-04/23/10, 04/10/10-04/16/10, 04/03/10-04/09/10, 03/29/10-04/02/10, 03/09/10-03/16/10, note 03/04/2010, 02/17/2010, 09/22/2009, 08/06/2009, 07/15/2009, 07/08/2009, 07/03/2009, 07/01/2009, 06/29/2009, 06/26/2009, TDI forms 07/01/2010, 05/27/2010, 04/16/2010, 03/16/2010, 03/12/2010, 09/08/2009, 08/06/2009, 07/23/2009, 07/09/2009, 07/02/2009, 06/25/2009, 06/18/2009
8. ODG guidelines were not provided by the URA

PATIENT CLINICAL HISTORY:

This is a woman who has right shoulder rotator arthroscopy (subacromial decompression or acromioplasty) following an injury at work on xx/xx/xx. The claimant underwent several weeks



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of physical therapy with substantial improvement in her condition except for some lingering pain and stiffness in the joint. About a week after the surgery (03/12/10), the patient started mentioning about numbness and tingling in her right lower leg (shin). On examination, she had no restriction of range of motion of the back or the lower extremity; no signs of radiculopathy or any neurological deficit were noted. The claimant was recommended MRI of the lumbar spine for further evaluation.

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

As per ODG guidelines: Indications for magnetic resonance imaging (MRI) of the back include: “- Lumbar spine trauma: trauma, neurological deficit - Lumbar spine trauma: seat belt (chance) fracture (If focal, radicular findings or other neurologic deficit) - Uncomplicated low back pain, suspicion of cancer, infection - Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. - Uncomplicated low back pain, prior lumbar surgery - Uncomplicated low back pain, cauda equina syndrome - Myelopathy (neurological deficit related to the spinal cord), traumatic”.

As per ODG guidelines: "Diagnostic imaging of the spine is associated with a high rate of abnormal findings in asymptomatic individuals. Herniated disk is found on magnetic resonance imaging in 9% to 76% of asymptomatic patients; bulging disks, in 20% to 81%; and degenerative disks, in 46% to 93%...MRI findings may be preexisting. Many MRI findings (loss of disc signal, facet arthrosis, and end plate signal changes) may represent progressive age changes not associated with acute events". Thus, "Relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion (false positive test results) because of the possibility of identifying a finding that was present before symptoms began and therefore has no temporal association with the symptoms (ACOEM)".

This patient has been reporting numbness on her right shin since last few months. However, she does not have history of low back pain or right leg injury. Her symptoms are mild and non-progressive. There was no evidence of any restriction of range of motion of the back or neurological deficit on her examination. She was never prescribed physical therapy or other palliative treatment for her possible back problem. Based on history, physical findings, documents reviewed, ODG guidelines and ACOEM, there is no indication of MRI of the lumbar spine in this patient; therefore, the insurer's decision to deny is upheld.

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

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGBASE**
ACOEM Occupational Medicine Practice Guidelines. 2nd Edition. "Low Back Complaints". Chapter 12: Special Studies.
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**



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- 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**
ODG -TWC ODG Treatment Integrated Treatment/Disability Duration Guidelines Low Back - Lumbar & Thoracic (Acute & Chronic) Procedure Summary, p.7
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- TEXAS TACADA GUIDELINES**
- TMF SCREENING CRITERIA MANUAL**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**