

Notice of Independent Review Decision

REVIEWER'S REPORT

**DATE OF REVIEW:** 07/03/10

**IRO CASE #:**

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

MRI scan of the lumbar spine and thoracic spine without contrast

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

M.D., board certified in Neurology with Added Qualifications in Pain Management, fellowship trained in Pain Management

**REVIEW OUTCOME:**

"Upon independent review, I find that the previous adverse determination or determinations should be:

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

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
847.1	72146 – MRI of lumbar spine		Prosp.						Overturn
847.1	72146 – MRI of thoracic spine		Prosp.						Upheld

**INFORMATION PROVIDED FOR REVIEW:**

1. Certification of independence of the reviewer
2. TDI case assignment
3. Letters of denial, 05/28/10 and 05/12/10
4. Carrier's submission, 06/22/10
5. Treating doctor's evaluations and updated notes, 04/28/10 through 06/25/10
6. Physical therapy notes, 04/26/10 through 06/23/10
7. Status reports, 04/23/10 through 06/25/10

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

This claimant sustained a work-related injury on xx/xx/xx after attempting to move some heavy material. The claimant noted pain in the lower thoracic and lumbar region. On initial presentation, he did not report any radiating symptoms or paresthesias. Initial exam was neurologically intact including denial of any loss of bowel or bladder control of any saddle anesthesia. The claimant did apparently note some numbness in the buttocks/thighs. Initial examination findings did not demonstrate any neurological deficits to the lower extremities except for a slightly positive straight leg raise test on the left. Initial x-rays of the thoracic and lumbar spines were apparently negative for any acute injury such as fracture, although some disc degeneration was noted. The claimant was referred for physical therapy and treated with analgesics and muscle relaxers.

On subsequent visits, the claimant did apparently improve with pain symptoms in the thoracic spine but also started demonstrating some increasing symptoms and signs suggestive of lumbar radiculopathy. This led to the reversal of the initial denial of a lumbar spine MRI scan, which according to notes, was completed and

did show evidence of a disc herniation at L5/S1 that was “moderately large,” as well as a posterior annular tear at L4/L5. Apparently a referral for an epidural steroid injection was then made by a spine specialist.

Follow up office notes do seem to indicate that the claimant is reporting little to no pain in the thoracic spine and the latest visits in June 2010 note a “level 1/10” pain. Nonetheless, an MRI scan of the thoracic spine has been urged by the requesting physician, despite the lumbar MRI scan having been approved and performed, apparently showing findings that could certainly explain this claimant’s ongoing symptomatology.

Specifically, the current services in dispute are reportedly both the lumbar and thoracic spine MRI scans, though this reviewer has seen documentation that the lumbar MRI scan was already approved and has already been completed.

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

I disagree with the initial denial of the lumbar spine and feel it is medically necessary, which documentation indicates is no longer in dispute since it apparently was approved and already completed. The thoracic spine MRI scan has been denied, with which I am in agreement. There are no notes documenting either symptoms or signs that would require thoracic spine MRI scan; specifically, there are no thoracic radicular symptoms, sensory levels to the thoracic spine, or any upper motor neuron signs on lower extremity testing. The claimant’s symptoms in the thoracic spine have clearly improved significantly with initial improvements only after one or two sessions with physical therapy.

I have given this case a “partial agree/disagree” because I disagree with the denial of lumbar MRI. I am in agreement with the prior denials for the thoracic MRI scan based on current information available and current criteria.

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

- 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.)