

# **INDEPENDENT REVIEWERS OF TEXAS, INC.**

4100 West El Dorado Pkwy · Suite 100 – 373 · McKinney, Texas 75070

Office 469-218-1010 · Toll Free 1-877-861-1442 · Fax 469-218-1030

e-mail: independentreviewers@hotmail.com

---

## **Notice of Independent Review Decision**

**DATE OF REVIEW:** 09/02/10

**IRO CASE NO.:**

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

Item in dispute: MRI Thoracic without contrast

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

Texas Board Certified Orthopedic Surgeon (Joint)

**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. Physical therapy progress notes, 01/07/02
2. Progress notes of M.D., 12/18/02 - 07/20/10
3. MRI of the thoracic spine, 01/23/03
4. CT Scan of the thoracic spine, 03/26/03
5. Functional Capacity Evaluation, 05/14/03
6. MRI of the thoracic spine, 12/17/03
7. Radiology report orbit foreign body, 12/17/03
8. Utilization review, adverse determination notice request for thoracic MRI, 07/20/10
9. Adverse determination after reconsideration notice, 08/10/10
10. **Official Disability Guidelines**

**PATIENT CLINICAL HISTORY (SUMMARY):**

Records indicate the employee was injured while pulling a shaft out of a reel and lost his balance. The shaft slipped out of his hand, causing his body to twist. The employee reports he felt some back pain at the time but went ahead and lifted the shaft onto a truck.

The employee failed conservative treatment. Discogram was noted to confirm L4-L5 disc herniation and the employee underwent total disc arthroplasty with ProDisc at L4-L5 before 12/02/03.

An MRI of the thoracic spine, performed 01/23/03 and 12/17/03 were reported as normal examinations.

CT scan of the thoracic spine dated 03/26/03 reported no significant abnormality of the thoracic spine with contrast.

A progress note dated 10/29/07 noted the employee to be five years following ProDisc arthroplasty to L4-L5. The employee was delighted with the result of the ProDisc but continued to be somewhat disabled by thoracic pain for which they have never been able to find a diagnosis. Radiographs were noted to show a good position of the implant with motion at that level.

The employee was seen on 07/20/10 status post ProDisc at L4-L5 done in December, 2002. On examination, the employee was able to stand on heels and toes. He had Grade 5 strength in the lower extremities. He was very tender to fairly superficial palpation over the posterior chest wall, left hand, and right. He also had some midline tenderness over the mid thoracic spine. He had no pain on lateral compression of the rib cage. X-rays performed on that day of the thoracic spine were unremarkable. Lateral films revealed no evidence of compression fracture.

A preauthorization request for thoracic MRI was reviewed by, M.D., on 07/27/10. Dr. determined that the request was not certified, noting the claimant had point tenderness to the mid thoracic spine with no evidence of a radiculopathy or significant radiating chest symptoms. Dr. noted that given that rarity of symptomatic thoracic herniated disc request was not medical necessary.

An adverse determination was rendered upon reconsideration request reviewed by D.O. Dr. noted the employee underwent L4-L5 disc space reconstruction and was doing well with less low back pain. The employee was noted to have a normal MRI and was referred for chiropractic treatment/evaluation of the thoracic pain. Radiographs of the lumbar spine revealed excellent position of intervertebral disc with good motion. MRI scans of the thoracic spine with and without contrast were noted to be normal. The employee continued to complain of focal thoracic pain. Ongoing examinations failed to note any neurological findings. Dr. noted that the employee's complaints have been steady extensively for his thoracic complaint over the years with MRI and CT studies all of which have been negative. There were no new focal deficits that would support the requested procedure and no worsening focal neurological deficits noted.

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

Based on the clinical information provided, the request for MRI of the thoracic spine without contrast is not indicated as medically necessary. The employee was noted to have sustained an injury to the low back resulting in total disc

arthroplasty performed in December, 2002. The employee did well with this procedure but complained of ongoing thoracic pain. The employee underwent multiple imaging studies including MRI and CT scans of the thoracic spine, all of which were normal. The employee had no evidence of progressive neurologic deficit on clinical examination. Most recently, employee underwent plain radiographs of the thoracic spine on 07/20/10 and these were unremarkable.

As such, medical necessity is not established for MRI of the thoracic spine.

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

2010 *Official Disability Guidelines*, 15<sup>th</sup> Edition, Work Loss Data Institute, online version, Low Back Chapter.

MRIs (magnetic resonance imaging)

Recommended for indications below. MRI's are test of choice for patients with prior back surgery. Repeat MRI's are indicated only if there has been progression of neurologic deficit.

Indications for imaging -- Magnetic resonance imaging:

- Thoracic spine trauma: with neurological deficit
- 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, other "red flags"
- Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. (For unequivocal evidence of radiculopathy, see AMA Guides, 5th Edition, page 382-383.) ([Andersson, 2000](#))
- Uncomplicated low back pain, prior lumbar surgery
- Uncomplicated low back pain, cauda equina syndrome
- Myelopathy (neurological deficit related to the spinal cord), traumatic
- Myelopathy, painful
- Myelopathy, sudden onset
- Myelopathy, stepwise progressive
- Myelopathy, slowly progressive
- Myelopathy, infectious disease patient
- Myelopathy, oncology patient