

# Parker Healthcare Management Organization, Inc.

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## Notice of Independent Review Decision

**DATE OF REVIEW:** JULY 30, 2011

**IRO CASE #:**

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

Medical necessity of proposed Lumbar spine MRI without contrast (72148)

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Orthopedic surgery and is engaged in the full time practice of medicine.

**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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
724.4	72148		Prosp	1					Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

TDI-HWCN-Request for an IRO-19 pages

Respondent records- a total of 36 pages of records received to include but not limited to: letters 6.9.11, 6.30.11, 7.1.11, 7.12.11; TDI letter 7.12.11; request for an IRO forms; MRIOA reports 6.8.11, 7.1.11; preauthorization sheets; The Institute notes 5.20.11-6.24.11

Requestor records- a total of 7 pages of records received to include but not limited to: The Institute notes 5.20.11-6.24.11

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The medical records presented for review begin with a letter of non-certification for the requested item. It was noted that this is a 19 year old injury and there is no objectification of any change in the neurologic status, or new findings to warrant such a study.

This determination was appealed. The reconsideration was also not certified. The requesting provider failed to present any clinical data to warrant such a request. The plain films noted osteophytic changes and findings associated with a vertebral body fracture. Again it was noted that the neurologic examination was normal.

The May 20, 2011 progress notes indicate sharp lumbar pain since xx. The diagnosis at that time was HNP and was treated with epidural steroid injection, physical therapy and medications. There was no follow-up between 1994 and 2011. The lumbar physical examination noted a normal presentation, no atrophy of the musculature, no tenderness to palpation and a normal neurologic evaluation. Deep tendon reflexes are noted as "0/4" to the posterior tibialis and "1/4" for the bilateral Achilles. Plain films of the pelvis are reported as normal. Lumbar films noted osteophytic changes. In spite of the normal physical examination, the assessment was radiculopathy. The MRI was requested to "better evaluate his symptoms".

The June 24, 2011 progress notes report the non-certification. The response from the Treating Doctor was that this was "insurance malpractice". Dr. noted DTR changes as the reason for the need for the MRI. Dr. noted that the injured employee was new to his office, and that would be another reason for the need for the study, as well as the new onset of a compression fracture. Dr. feels that the adjuster is practicing medicine.

### **ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.**

#### **RATIONALE:**

As noted in the Division mandated Official Disability Guidelines such a study is not clinically indicated. "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g. tumor, infection, fracture, neurocompression, recurrent disc herniation). ([Bigos, 1999](#)) ([Mullin, 2000](#)) ([ACR, 2000](#)) ([AAN, 1994](#)) ([Aetna, 2004](#)) ([Airaksinen, 2006](#)) ([Chou, 2007](#)) Magnetic resonance imaging has also become the mainstay in the evaluation of myelopathy. An important limitation of magnetic resonance imaging in the diagnosis of myelopathy is its high sensitivity. The ease with which the study depicts expansion and compression of the spinal cord in the myelopathic patient may lead to false positive examinations and inappropriately aggressive therapy if findings are interpreted incorrectly. ([Seidenwurm, 2000](#))"

It is noted that with each evaluation, the requesting provider was called and in each case, failed to take the call or answer the issues raised. The standard is that the carrier is to provide all care that is reasonably required to address the sequale of the compensable event. There are noted

ordinary diseases of life, degenerative changes and a compression situation that was not objectified as being present as a function of the reported mechanism of injury. There are reported DTR changes, but no atrophy or other indicators of a nerve root compromise. Therefore, when noting the gap in care, the new onset of symptoms and the lack of any significant objectification of a verifiable radiculopathy, this request is not supported as care needed to address the compensable event.

**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 KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- XX DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- XX 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 NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)