



Medwork Independent Review

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NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION Workers' Compensation Health Care Non-network (WC)

12/21/2010

DATE OF REVIEW: 12/21/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

MRI lumbar

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

Texas State Licensed MD Board Certified Orthopedic Surgeon & Spine Surgeon

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 12/02/2010
2. Notice of assignment to URA 12/02//2010
3. Confirmation of Receipt of a Request for a Review by an IRO
4. Company Request for IRO Sections 1-8 undated
5. Request For a Review by an IRO patient request 11/30/2010
6. HDI letter 11/12/2010, 10/19/2010, medical note 09/20/2010, 09/07/2010, 08/20/2010, 08/19/2010, 08/11/2010, 07/12/2010, 05/24/2010, 04/12/2010, 03/04/2010, TDI forms
7. ODG guidelines were not provided by the URA

PATIENT CLINICAL HISTORY:

Patient is a male that has a reported injury date of xx/xx/xx. This is a patient who has had ongoing pain in the back with occasional symptoms in the legs. He has undergone physical therapy. He has undergone facet blocks. He had EMG's, which did not show any radiculopathy. He had an MRI scan that showed changes at L3-L4, L4-L5, and L5-S1 to include facet arthropathy and some early stenosis. More recently, a CT scan has been carried out on September 7, 2010. This showed a bulge at the L5-S1 level without significant stenosis. There was mild to moderate congenital and acquired midline lumbar stenosis, in keeping with his previous findings. The review request is for MRI lumbar.



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

Based on the Official Disability Guidelines' criteria and the documentation reviewed, the requested MRI lumbar is upheld. The patient has already had MRI scanning and CT scanning. His EMG's do not show radiculopathy. The medical documentation provided does not indicate a change in the patient's condition or neurologic findings that would merit a repeat MRI. The review records are not in support of the ODG recommendations for additional imaging; therefore, the insurer's decision to deny the requested MRI lumbar 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 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 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
- 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)