

AccuReview
An Independent Review Organization
(817) 635-1824 (phone)
(817) 635-1825 (fax)

Notice of Independent Review Decision

DATE OF REVIEW: December 15, 2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Magnetic Resonance (EG, Proton) Imagine, Spinal Canal And Contents, Thoracic; Without Contrast Material

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

This physician is a Board Certified Physical Medicine and Rehabilitation Physician with 14 years of experience.

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

On xx/xx/xx, the claimant was evaluated by M.D. with complaints of midthoracic back pain. A previous MRI did not show anything to explain pain at this location. He was referred for a SPECT bone scan. Assessment: Mid-thoracic pain.

On June 30, 2005, the claimant was re-evaluated by M.D. with complaints of some axial pain with no radicular complaints. No evidence of motor weakness, pain with forward flexion at 35 degrees and some back pain with straight leg raising. There is some back pain with SLR but no true nerve root tension signs. There is no evidence of any motor weakness in either lower extremity. There is no reflex change.

On October 3, 2005, the claimant was re-evaluated by M.D. Anterior incision is well healed. No point tenderness posteriorly. He has no pain with SLR testing.

On December 1, 2005, the claimant was re-evaluated by M.D. The claimant told Dr. that his pain management doctor is on vacation and needs a refill on pain medications. Examination shows mid and low back tenderness with decreased range of motion due to pain. Dr. prescribed a single prescription. There are normal neurologic findings in right and left lower extremities.

On January 26, 2006, the claimant was re-evaluated by M.D. with complaints that nobody believes he has a mid-thoracic injury. He has pain with inspiration and expiration. He asked for more pain medications which Dr. declined. There is no evidence of myelopathy.

On June 26, 2006, the claimant was re-evaluated by M.D. He has had a falling out with his pain management doctor and no longer sees him. He continues to have thoracic pain. There is no evidence of neurologic deficit. He has good strength and normal reflexes.

On August 21, 2006, the claimant was re-evaluated by M.D. He stated that he had a hearing in which the thoracic spine was determined to be part of the compensable injury, however it was classified as a thoracic sprain and deemed resolved. He is neurologically intact.

On April 12, 2007, the claimant was re-evaluated by M.D. He stated that Dr. awarded him a 12% whole person impairment. Flexion is 20 degrees and extension is 12 degrees.

On January 10, 2008, the claimant was re-evaluated by M.D. He feels his 12% impairment does not do him justice. He continues to have back pain with 22 degrees of flexion and 10 degrees of extension. He has pain with straight leg raising, but there are no true nerve root tension signs.

On August 4, 2008, the claimant was re-evaluated by M.D. with complaints of numbness and tingling in his legs from time to time. Reflexes are normal. He has no pain in SLR testing.

On January 26, 2009, the claimant was re-evaluated by M.D. with complaints of pain in his back at the end of the day. Tenderness in the paraspinal muscles. He has back pain with SLR testing but there are no true nerve roots.

On August 13, 2009 the claimant was re-evaluated by M.D. Normal strength and no pain with SLR testing.

On April 22, 2010, the claimant was re-evaluated by M.D. He has been doing reasonably well, with only over the counter medications. He states the pain has recently worsened. Dr. suggested that he try swimming. He has pain with straight leg raising, but there are no true nerve root tension signs.

On November 11, 2010, the claimant was re-evaluated by, M.D. He was denied additional investigation and treatment. Examination showed 35 degrees of flexion, back pain with straight leg raising, no motor weakness or reflex change.

On October 15, 2010, D.O., a physical medicine and rehabilitation physician, performed a utilization review on the claimant Rational for Denial: It was difficult to determine what area the doctor was attempting to test to confirm a radiculopathy. There was no indication of any cervical radiographs and as for a repeat MRI the guidelines would recommend progressive neurologic findings, which could not be determined from the notes. Therefore, it is not certified.

On December 1, 2010, M.D., a neurosurgeon, performed a utilization review on the claimant Rational for Denial: There are no documented signs of thoracic myelopathy. He has some brisk reflexes but no pathologic reflexes are documented. His gait is normal. The claimant had previously undergone an MRI of the thoracic spine which was normal. Therefore, it is not certified.

PATIENT CLINICAL HISTORY:

The claimant was injured on xx/xx/xx.

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

The previous decisions are upheld. There is no neurologic deficit on exam and previous imaging study was normal; therefore, based on the ODG Guidelines the previous decisions are upheld.

Per the ODG Low Back Chapter:

MRI's are rest of choice for patients with prior back surgery. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology.

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)