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Notice of Independent Review Decision

DATE OF REVIEW: 11/14/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the concurrent medical necessity of outpatient MRI of the right shoulder and lumbar spine.

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

The reviewer is a Medical Doctor who is board certified in Anesthesiology.

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)

The reviewer agrees with the previous adverse determination regarding the concurrent medical necessity of outpatient MRI of the right shoulder and lumbar spine.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:

Texas Department of Insurance &
These records consist of the following (duplicate records are only listed from one source):

Records reviewed from Texas Department of Insurance
Texas Department of Insurance
Intake Paperwork
Denials- 9/4/12, 8/17/12

Records reviewed from
Denial- 10/4/12

Rehabilitation

Physical Medicine Evaluation Follow up- 10/8/12
Physical Medicine & Rehabilitation Treatment Plan- 10/8/12, 9/19/12
Initial WC Evaluation- 9/18/12

Imaging Center

MRI Rx- 7/24/12
Office Notes- 7/16/12

Chiropractic Rehabilitation Center

Initial Visit- 7/16/12

A copy of the ODG was not provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

Claimant is a employee whose sand-blasting gloves caused him to lose control and fell backward landing on some beams and hitting the ground with his right shoulder and back on xx/xx/xx. Patient was seen by Dr M.D. and was given hydrocodone. Dr. saw patient on 07/16/2012. The claimant had pain in the right shoulder. Patient complained of 8/10 sharp lumbar paraspinal pain and tightness radiating down his right leg to the knee and constant sharp right shoulder pain. Examination revealed tenderness on palpation over the L2-S1 spinous processes and muscles, positive Bechterew's, Kemp's, Lesague's, and Adam's tests. The claimant had positive right shoulder apprehension, supraspinatus & Apley's tests, normal bilateral lower extremity reflexes, lumbar asymmetry & misalignment due to spasm and edema, decreased active and passive lumbar ranges of motion in all planes and muscle guarding. He was diagnosed with lumbar disc syndrome, lumbar radiculitis and right shoulder internal derangement, muscle spasms and restriction of motion. The claimant has completed 4 sessions of chiropractic physical therapy. This request is for an MRI of the right shoulder and lumbar spine.

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

Recommend denial of requested services. This request is for the prospective need of MRI of the right shoulder and lumbar spine. However, there is not documentation of initial lumbar neurologic deficit, radiculopathy or myelopathy. Although, there was a repeat examination, it fails to show failed response to one month of conservative treatment or evidence of progressive neurologic deficit. These are required to meet ODG recommendations for

lumbar MRI. In order to justify the MRI of the shoulder, there should be documentation of plain radiographs that are normal and clinical findings to suspect joint instability and or labral tear; no such documentation exists. Therefore, this request for MRI of the right shoulder and lumbar spine is non-certified.

Official Disability Guidelines-Treatment for Workers' Compensation, Online Edition
Chapter: Magnetic Resonance Imaging (MRI), Indications for imaging

- Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs
- Subacute shoulder pain, suspect instability/labral tear
- Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. (Mays, 2008)
- Thoracic spine trauma: with neurologic 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
- 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

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 KNOWLEDGBASE
- 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)