



Medwork Independent Review

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NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION WORKERS' COMPENSATION - WC

DATE OF REVIEW: 3/10/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

MRI of the lumbar spine without contrast

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

Texas State Licensed MD Board Neurologist

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

PATIENT CLINICAL HISTORY:

On xxxxx, the patient was seen by the physician. The patient was having bilateral arm pain, numbness and tingling in the median nerve distribution, neck pain and low back pain. It apparently had started from a previous accident, so the patient has not been able to work. He, mainly in his letter, focused on the neck and arm, the initial part of his letter, and even stated that carpal tunnel syndrome was determined from the EMG. He did review the MRI of the cervical spine with the patient. The patient also stated and asked the doctor about what he was going to do about his low back. No details in the history about the back were described. After the patient told him about his back problem, he stated he was just going to get another MRI to see if there was anything going on. He did an examination of the patient that day as relates to the back. He had normal strength of his proximal and distal lower extremities at 5/5. No comments made about reflexes or sensory loss during that evaluation. It was the physician's opinion that the patient has upper extremity problems related to carpal tunnel and cubital tunnel and degenerative disk disease in the cervical spine. The physician only stated in his impression that there was some low back pain with some radiation to the legs that was not mentioned in his note, just in his



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impression, and he stated that the patient wants to get an MRI of his lumbar spine as well to treat his low back. He stated to his physician that he will try to get approval of that.

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

Through documents provided, most of the information about the patient was in the arms and neck, including EMG studies. The documents also state the ongoing complaints of low back pain and, as a result, wanted to have an MRI of the lumbar spine. Again, the motor function was normal. No other findings were reported. The opinion was there was an incomplete history and contradictory information and the examination did not give an indication for any definite nerve compression or nerve root symptoms.

Again, the most important concern here is that the neurological examination was first of all incomplete since there was only comments about muscle strength, no reflexes or sensory examination or range of motion of the spine was performed, and the comments that were made by the treating physician that another MRI was to be checked to see what was going on. The requesting MRI for this patient's condition is not indicated and below the standard of good neurological care. A more thorough neurological examination and history needs to be done. The possibility of EMG studies should be considered in the lower extremities and in the back if a radiculopathy is concern, and then an appropriate decision whether an MRI of the lumbar spine will be helpful should be decided. As a result of this incomplete information, the lumbar MRI is not indicated.

The denial for these services is upheld

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



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- 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)