

THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER:

SOAH DOCKET NO. 453-02-3962.M5

MDR Tracking Number: M5-02-2036-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective January 1, 2002 and Commission Rule 133.305 and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the **MRI, lumbar spine was not medically necessary.**

Based on review of the disputed issues within the request, the Division has determined that fees for the **MRI, lumbar spine** were the only fees involved in the medical dispute to be resolved. As the treatment/service was not found to be medically necessary, reimbursement for date of service 2-13-01 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 5th day of July 2002.

Dee Z. Torres, Medical Dispute Resolution Officer
Medical Review Division

DZT/dzt

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and subsequently re-delegated by Virginia May, Deputy Executive Director.

Enclosure: IRO decision

NOTICE OF INDEPENDENT REVIEW DECISION

May 15, 2002

David Martinez
Chief, Medical Dispute Resolution
Medical Review Division
Texas Workers Compensation Commission
4000 South IH-35, MS 40
Austin, TX 78704-7491

RE: Injured Worker:
MDR Tracking #: M5-02-2036-01
IRO Certificate #: 4326

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule

§133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any

documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This 26 year old male injured his left knee and lower back while at work on ____. He was injured when he fell down a flight of stairs. From the initial injury, the accepted injuries and diagnoses have included his left knee and lower back region. The patient did not work for several weeks after the injury. During this time he was receiving diagnostic studies, chiropractic treatment and physical therapy. ___ examined the patient on 09/04/01 and ordered a left knee and lower lumbar MRI.

Requested Service(s)

MRI of the lumbar spine.

Decision

It is determined that the MRI of the lumbar spine was not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

An MRI is deemed medically necessary prior to 6 weeks post-injury when there is documentation of significant neurological deficit according to TWCC Rule 134.1001. The patient's medical record documentation fails to objectively identify any rapidly progressing symptoms of increased physiological impairment such as severe weakness or severe sensory impairment. His plain x-ray of the lumbar spine revealed normal intervertebral disc spaces and vertebral body heights 08/21/01. In addition, physical examination revealed normal intact lower extremity neurological findings.

Sincerely,