

MDR Tracking Number: M5-02-2602-01

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 lumbar and neck spine MRI's rendered were not medically necessary.

Based on review of the disputed issues within the request, the Division has determined that the MRI fees were the only fees involved in the medical dispute to be resolved. As the treatment, (lumbar and neck spine MRI's) was not found to be medically necessary, reimbursement for date of service 8/16/01 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 4th day of, October 2002.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

NOTICE OF INDEPENDENT REVIEW DECISION

August 28, 2002

Rosalinda Lopez
Program Administrator
Medical Review Division
Texas Workers Compensation Commission
4000 South IH-35, MS 48
Austin, TX 78704-7491

RE: MDR Tracking #: M5-02-2602-01
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 43 year old male sustained a work-related injury on ___ when he was struck on the left front side while driving a pickup. The patient was thrown back and forward resulting in neck, right shoulder, right arm, and right wrist pain. The patient was evaluated by a chiropractor and cervical and lumbar MRIs were performed on 08/16/01.

Requested Service(s)

Cervical and lumbar MRIs

Decision

It is determined that the MRIs of the lumbar and of the cervical spine were not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The initial narrative report from the chiropractor indicated that the basis for ordering the lumbar MRI was one orthopedic test that was locally painful. No evidence of motor loss, sensory loss, reflex changes, or radicular involvement in the lower extremities was noted in the lumbar examination. A review of the cervical evaluation revealed normal motor, sensory, and reflex findings and no evidence of radicular complaints objectively noted. His family practice physician on 08/07/01 evaluated the patient and no radicular complaints were noted in the examination or history. Reflexes were normal, sensory status was unremarkable and motor strength was normal bilaterally. The straight leg raise test was negative and shoulders were normal bilaterally. The MRIs of the lumbar and cervical spine were performed one week after the examination. Therefore, it is determined that MRIs of the lumbar and the cervical spine were not medically necessary.

Voyvodic, et al examined the prognostic significance of features seen on MRI of patients with whiplash injury following relatively minor road crashes. MRI was obtained shortly after and at 6 months after the crash. Initial MRI was performed on 29 patients, of whom spondylosis and loss of lordosis, only one abnormality was detected: an intramedullary lesion consistent with a small cyst or syrinx. There were no statistically significant associations between the outcome of injury and spondylosis or loss of lordosis. No significant differences were found when comparing the initial and follow-up MRI. It appears that MRI of patients with relatively less severe whiplash symptoms reveals a low frequency of abnormalities, apart from spondylosis and loss of lordosis, which have little short-term prognostic value. Routine investigation of such patients with MRI is not justified in view of the infrequency of abnormalities detected, the lack of prognostic value and the high cost of

the procedure. (Ref: Voyvodic, F., et al, “MRI of car occupants with whiplash injury”, Neuroradiology, 39:35-40, 1997.)

Ronnen, et al evaluated the findings from MRI of the cervical spine and brain after acute whiplash injury. Within 3 weeks of trauma, 100 patients underwent MRI for evaluation of the cervical spine and brain. In addition, plain radiographs were obtained, including functional images of the cervical spine. Only one patient had an abnormality on the MRI that was related to trauma (prevertebral edema). In 17 patients, the functional images revealed a kyphotic angle, but no evidence of soft tissue injury was seen on MRIs. The study concluded that there was no role for MRI in the routine workup of patients with acute whiplash injury who have normal plain radiographic findings and no evidence of a neurological deficit. A kyphotic angle seen on functional images of the cervical spine should not be assumed to indicate soft tissue injury and is most likely attributable to a compensating mechanism of hypermobility at a level of the spine above that at which hypomobility occurs, which is probably the result of muscle spasm. (Ref: Ronnen, HR, et al, “Acute whiplash injury: Is there a role for MR imaging? – a prospective study of 100 patients”, Radiology, 201:93-96, 1996.)

Sincerely,