

MDR Tracking Number: M5-02-2631-01

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 MRI was not medically necessary.

Based on review of the disputed issues within the request, the Division has determined that MRI fees were the only fees involved in the medical dispute to be resolved. As the treatment, MRI, was not found to be medically necessary, reimbursement for date of service 2/13/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 6th day of September 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 #: M5-02-2631-01
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 41 year old male sustained a work-related injury on ___ when he stumbled while carrying sheetrock and twisted his low back. The patient was evaluated by a chiropractor and an MRI of the lumbar spine was ordered on 02/13/02.

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

None of the patient's evaluations produced evidence of a symptomatic lumbar disc herniation producing radiculopathy, which would serve as medical necessity for ordering the lumbar MRI study.

The initial examination conducted by the chiropractor on 01/31/02 revealed normal muscle strength, normal sensory status, and normal reflexes in the upper and lower extremities. Straight leg raising was positive at 90 degrees bilaterally and no references were noted on the initial examination for any radicular component to the patient's back pain.

A family practice physician on 02/13/02 evaluated the patient and the historical notes indicated that the patient only complained of low back pain. The neurological examination was unremarkable, with normal motor strength, normal reflexes, and normal sensory status in the upper and lower extremities. Straight leg raising was 90 degrees bilaterally.

The patient was evaluated by an orthopedic surgeon on 03/04/02 and had no orthopedic findings, and a normal neurological status (normal motor and reflexes).

Therefore, the MRI of the lumbar spine was not medically necessary.

Sincerely,