

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 MRIs of the lumbar and thoracic 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 was not found to be medically necessary, reimbursement for date of service 11-12-01 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 24th day of September 2002.

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

DZT/dzt

NOTICE OF INDEPENDENT REVIEW DECISION

September 13, 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 #: M5-02-2734-01
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 §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 ___ physician reviewer who is board certified in family practice, which is the same specialty as the treating physician. The ___ physician reviewer 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 18 year old male sustained a work related injury on ___ when he was working in a ditch and a brick mailbox collapsed and fell on his back. The patient complained of mid and lower back pain and was treated conservatively with a TENS unit and physical therapy. On 11/12/01 the patient underwent MRIs of the lumbar and thoracic spine that were negative for abnormal findings.

Requested Service(s)

MRIs of the lumbar and thoracic spine dated 11/12/01.

Decision

It is determined that the MRIs of the lumbar and thoracic spine dated 11/12/01 were not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The evaluation of this patient in the emergency department following the injury indicated that the patient had bruising of the back and abdomen. X-rays of the lumbar spine and a CT of the abdomen were negative. The evaluation by the treating physician indicated that the patient's complaints of pain were secondary to a muscular injury and office notes indicate that the patient was improving. Following the neurological examination on 10/15/01 it was recommended that the patient undergo conservative care with return to light duty. There was no medical necessity for MRI studies on a patient who was improving, with no signs of decline in neurological functioning and whose symptoms were secondary to a musculoskeletal injury. Therefore, the MRIs of the lumbar and thoracic spine were not medically necessary.

Sincerely,