

MDR Tracking Number: M5-03-0206-01

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 assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent.

The Medical Review Division has reviewed the IRO decision and determined that **the respondent prevailed** on the issues of medical necessity. Therefore in accordance with §133.308(q)(9), the Commission hereby **Declines to Order** the respondent to reimburse the **requestor** for the paid IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The disputed lumbar and thoracic MRIs were found to **not** be medically necessary. The respondent raised no other reasons for denying reimbursement for these services.

This Decision is applicable to date of service 4/17/02 in this dispute.

This Decision is hereby issued this 27th day of November 2002.

Noel L. Beavers  
Medical Dispute Resolution Officer  
Medical Review Division

NLB/nlb

#### NOTICE OF INDEPENDENT REVIEW DECISION

Date: November 18, 2002

Re: MDR Tracking #: M5-03-0206-01  
IRO Certificate #: 5242

\_\_\_ 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 proposed 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 Chiropractic physician reviewer. The Chiropractic 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

It appears this claimant suffered mid to low back strain after he lifted a slab or a piece of concrete and twisted on \_\_\_\_\_. His clinical examination findings never really indicated the presence of radiculopathy or other root tension signs. The claimant only reported low back pain on straight leg raise and the claimant's thoracic MRI films were essentially normal. The claimant's lumbar MRI report revealed he had a central disc protrusion and annular tear at the L4/5 area that was producing questionable foraminal encroachment. A minimal noncompressive disc protrusion was also present at the L5/S1 level which was not producing any neural compression. There was some evidence of facet joint hypertrophy at the L4 through S1 levels. Chiropractic treatment to date has been extensive.

### Requested Service(s)

Outpatient services including x-ray interpretation of the lumbar and thoracic spine plain films performed on 4/17/02.

### Decision

I do agree with the insurance carrier that the services requested which were done on 4/17/02 were not medically necessary.

### Rationale/Basis for Decision

There was no clinical reason during the clinical examination to have these films re-reviewed by a chiropractic radiologist. The rationale put forth for the services were due to the patient's constant pain the treating doctor felt it was necessary to have the x-ray films reviewed by a radiologist. This is insufficient rationale to support the services. This claimant was only 25 years of age and it was quite clear there were no complicating clinical factors such as to require a re-review of the plain film x-rays. The necessity of plain film x-ray and interpretation is to rule out more serious injury such as fracture or aggressive pathological bony lesion. This can be done on a routine basis by the treating chiropractor without the need for further study or review by another radiologist. There is no rationale to support the need for further interpretation of the x-rays. The presence of ongoing pain alone is insufficient rationale to support the need for the 4/17/02 services as rendered. Had there been an initial suspicion of cancer or other pathological conditions such as fracture, then further interpretation would have been medically necessary.

However, this does not appear to be the case in this particular situation. Plain film x-ray studies in the presence of sprain/strain or soft tissue injury actually have very limited value in the first place.

This decision by the IRO is deemed to be a TWCC decision and order.