

MDR Tracking Number: M5-04-1111-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General 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 dispute was received on 12-16-03.

The Medical Review 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 cervical and lumbar MRIs performed on 05/29/03 were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for dates of service 05/29/03 are denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 1st Day of March 2004.

Regina Cleave
Medical Dispute Resolution Officer
Medical Review Division
RC/rc

February 26, 2004

Rosalinda Lopez
Texas Workers' Compensation Commission
Medical Dispute Resolution
Fax: (512) 804-4868

REVISED REPORT
Corrected SS#

Re: MDR #: M5-04-1111-01
IRO Certificate No.: IRO 5055

___ has performed an independent review of the medical records of the above-named case to determine medical necessity.

In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of ___ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is certified in Chiropractic Medicine.

REVIEWER'S REPORT

Clinical History:

This patient was involved in a work-related motor vehicle accident on _____. Immediately following the accident, the worker experienced symptoms over the cervical and lumbar region. Initially, the claimant was seen by a physician and had a series of lumbar/cervical radiographs administered, which were unremarkable for osseous pathology; medication was prescribed.

On 05/22/03, the claimant presented to a Chiropractor and passive chiropractic therapeutics, medical consultation, and cervical/lumbar MRI were advised to rule in/out HNP. Additional series of radiographs that included the cervical, thoracic, and lumbar spine on 05/22/03 were unremarkable for osseous pathology. A medical doctor consulted the claimant on 05/27/03, medication was prescribed, passive therapeutics recommended, and cervical/lumbar MR imaging was advised. MR imaging of the cervical spine on 05/29/03 was unremarkable.

Disputed Services:

Cervical and lumbar MRI.

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that the MRI in dispute as stated above was not medically necessary in this case.

Rationale:

There is no data presented in the reviewed medical records that warrants the application of any diagnostic imaging in the treatment of a strain/sprain injury of the cervical and lumbar spine.

Rationale for the provider to order diagnostic imaging, including MRI of the cervical and lumbar region is not typical and does not fit within the strain/sprain treatment algorithm that is suitable to treat this injured worker.

The application of MR imaging is not warranted and not supported by any medical documentation presented for review. Typically, there are certain red flags that will warrant the application of additional diagnostic imaging within such a close temporal proximity to the injury event.

The red flags include progressive neurological signs, bowel or bladder changes, pronounced AROM loss, and gross instability. In the treatment of musculoskeletal injuries, MR imaging is typically not ordered until there is a failure of a 4-6 week trial of conservative therapeutics. MR imaging should be used sparingly because the majority of musculoskeletal injuries do not require any diagnostic imaging to activate the appropriate therapeutic algorithm.

The aforementioned information has been taken from the following guidelines of clinical practice and/or peer reviewed references:

- *Criteria for MRI of the Lumbar Spine*. Washington State Department of Labor and Industries; 1999 Jun; 1p.
- Ovavia V, et al. *Whiplash Injury-A Retrospective Setting on Patient's Seeking Compensation*. *Injury*. 2002 Sep; 33 (7): 569-738
- Van Tulder MW, et al. *Spinal Radiographic Findings and Nonspecific Low Back Pain. A Systematic Review of Observational Studies*. *Spine*. 1997 Feb. 15; 22 (4): 427-34.

Sincerely,