

MDR Tracking Number: M5-04-1544-01

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 (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 January 27, 2004.

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 MRI, spinal canal-lumbar was 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 Division has determined that fees were the only fees involved in the medical dispute to be resolved. As the treatment listed above was not found to be medically necessary, reimbursement for dates of service 07-23-03 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 27<sup>th</sup> day of April 2004.

Patricia Rodriguez  
Medical Dispute Resolution Officer  
Medical Review Division  
PR/pr

April 7, 2004  
**Amended April 22, 2004**

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IRO #: 5251

\_\_\_ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this 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 care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Medical Doctor board certified and specialized in Radiology. The reviewer is on the TWCC Approved Doctor List (ADL).

The \_\_\_ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors 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 the dispute.

#### CLINICAL HISTORY

\_\_\_ is a 50-year-old woman who slipped on an oily floor while at work on \_\_\_, apparently sustaining back injury. She had a lumbar MRI on 07/23/03, and no other clinical history or medical records were supplied.

\_\_\_ worked until 06/19/03, but left early that day because of back pain. She did not return to work and was terminated (date unclear) for absenteeism. The carrier has denied payment on a lumbar MRI examination on 07/23/03 since “carrier reports that the injured worker was not in course of employment at the time of the alleged on-the-job injury,” despite a TWCC hearing on 11/19/03 that found the patient had indeed sustained a compensable injury on the date of \_\_\_, and the carrier was ordered to pay income and medical benefits in accordance with the decision.

#### DISPUTED SERVICES

Under dispute is the medical necessity of an MRI, spinal canal – lumbar.

#### DECISION

The reviewer agrees with the prior adverse determination.

#### BASIS FOR THE DECISION

Due to the paucity of information provided, it is not possible to render a decision in favor of the medical necessity of the lumbar MRI. It is reasonable to obtain an MRI examination one month following the stated injury, but without the records of the clinical history from the patient, physical examination notes or examining physician’s conclusions regarding his findings, the \_\_\_ reviewer is unable to determine the actual medical necessity of such an exam.

\_\_\_ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. \_\_\_ has made no determinations regarding benefits available under the injured employee’s policy

As an officer of \_\_\_, Inc, dba \_\_\_, I certify that there is no known conflict between the reviewer, \_\_\_ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

\_\_\_ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,