

MDR Tracking Number: M5-04-2672-01

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 4-09-04.

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 MRI-spinal canal rendered on 11/21/03 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 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, the request for reimbursement for date of service 11/21/03 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 30th day of July 2004.

Regina L. Cleave
Medical Dispute Resolution Officer
Medical Review Division

RLC/rlc

NOTICE OF INDEPENDENT REVIEW DECISION

July 7, 2004

Rosalinda Lopez
Program Administrator
Medical Review Division
Texas Workers Compensation Commission
7551 Metro Center Drive, Suite 100, MS 48
Austin, TX 78744-1609

RE: Injured Worker:
MDR Tracking #: M5-04-2672-01
IRO Certificate #: IRO4326

The Texas Medical Foundation (TMF) 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 TMF for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

TMF 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. TMF's 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 TMF 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 patient sustained a work-related injury on ____ while lifting a swing set over her head to place it on a shelf. She was initially treated in the emergency department and then sought additional care on 11/04/03.

Requested Service(s)

72148 – WP22 – MRI spinal canal performed on 11/21/03

Decision

It is determined that the 72148 – WP – MRI spinal canal performed on 11/21/03 was not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

An initial evaluation was performed and a treatment program was begun. Straight leg raising test was negative and reflexes and sensation in the lower extremities were normal. Nothing in the initial examination indicated disc involvement. The impression was that the patient was experiencing lumbar and thoracic sprain/strain with myofascitis. Passive therapy was begun with progression into active therapy. The patient progressed into active therapy on 11/19/03, which was before the MRI was performed. The patient returned to work with light duty restrictions. X-rays of the lower spine were taken and the patient was sent for medical management. The initial report indicated that the patient would be evaluated in four weeks and there is no mention in either the initial examination or the progress notes of clinical justification to order an MRI. There are no radicular symptoms, either subjective or objective, that would indicate the necessity for ordering an MRI twenty days following the injury date.

Sincerely,