

MDR Tracking Number: M5-04-3387-01

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 6-4-04.

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's on 9-11-03 were not medically necessary.

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 date of service 9-11-03 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 22nd day of September, 2004.

Donna Auby
Medical Dispute Resolution Officer
Medical Review Division

DA/da

August 17, 2004
Amended September 10, 2004

David Martinez
TWCC Medical Dispute Resolution
4000 IH 35 South, MS 48
Austin, TX 78704

Patient:
TWCC #:
MDR Tracking #: M5-04-3387-01
IRO #: 5251

Ziroc 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 Ziroc for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

Ziroc 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 Orthopedic Surgery. The reviewer is on the TWCC Approved Doctor List (ADL). The Ziroc 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 Ziroc 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

This is an IRO review regarding the medical necessity in retrospect of an MRI performed of the cervical and lumbar spine for an injury sustained _____. The requesting physician is Dr. G, a chiropractor. Unfortunately there are no medical records from the treating physician regarding the injury, the mechanism of injury, physical findings, past medical history, co-morbidities, plain radiographic discoveries, etc. The only information submitted for perusal is notification and correspondence regarding third party entities and middle management. A peer review submitted by Dr. T opined on 5/22/04 that the medical necessity for MRI was not confirmed. Dr. T apparently had office notes and dictation from Dr. G, and in his review there was no evidence in the medical records that there was a surgical emergency or urgency and that the diagnostic maneuvers in the acute phase in the first nine days was not necessary. MRI report from 9/11/03 suggested a clinical history with post-traumatic pain, including upper extremity radicular pain. Other than straightening of the lordosis, reflecting possible muscular spasms, the MRI was within normal limits. This was read by Dr. C. An MRI of the lumbar spine done on the same date also reveals straightening of lordosis, bulges at the L3-4 and L4-5 level and mild facet arthrosis at the L5-S1 level, and central posterior protrusion that are non-compressive. All of these findings may very well be incidental in nature in regard to degenerative disease in the patient who is reported to be 33 years of age.

DISPUTED SERVICES

Under dispute is the medical necessity of two MRIs performed on 09/11/03.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

There are no medical records submitted from the treating physician regarding why he/she ordered the tests. There is no discussion regarding the injury, treatment for the injury, physical findings, prior history and co-morbidities that would help elucidate the necessity for diagnostic imaging such as MRI. The indication for the testing may certainly have been verified, but without perusal of the medical records this cannot be confirmed. One must go on the only records submitted for

this examination and that is a carrier peer review that this testing was premature and not indicated using NASS and AAOS standards.

To recapitulate, the patient is 33 years old, has an unknown injury. The evaluating and/or treating chiropractic requested an MRI of the cervical and/or lumbar spine approximately nine days after the injury. Critical information regarding medical history is lacking in order to adequately review the indication, and therefore the denial should stand.

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

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

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

Sincerely,