MDR Tracking Number: M5-04-3800-01

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 7-06-04.

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 lumbar and thoracic MRIs performed on 7/8/03 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, the request for reimbursement for date of service 7/8/03 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 18th day of August 2004.

Regina L. Cleave
Medical Dispute Resolution Officer
Medical Review Division

RLC/rlc

MEDICAL REVIEW OF TEXAS

[IRO #5259]

3402 Vanshire Drive Austin, Texas 78738
Phone: 512-402-1400 FAX: 512-402-1012

NOTICE OF INDEPENDENT REVIEW DETERMINATION

TWCC Case Number:	
MDR Tracking Number:	M5-04-3800-01
Name of Patient:	
Name of URA/Payer:	

Name of Provider: (ER, Hospital, or Other Facility)
Name of Physician: (Treating or Requesting)

August 10, 2004

An independent review of the above-referenced case has been completed by a medical physician board certified in orthopedic surgery. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

Sincerely,

CLINICAL HISTORY

The clinical history is described differently by different examiners in the medical records. Dr. C, MD in his letter of medical necessity indicated that the patient was driving a tractor and it had a mechanical failure while on an incline. The tractor rolled backwards, flipped over and the patient sustained an injury to his upper and low back, his right wrist and left ribs. Other examiners indicate that the patient also fell 15 feet off of a ledge and/or had the tractor fall off the ledge with him.

There are x-rays of the lumbar spine obtained at Mother Francis Hospital dated 6/21/03 that were read by Dr. H, MD that were

reportedly normal. Right wrist x-rays of the same date read by the same radiologist were also reported normal.

Metroplex Specialties had x-rays of the lumbar spine read by Dr. F, MD. The x-rays were read on 7/2/03 but were obtained on 6/21/03. Dr. F stated that the lumbar spine x-rays showed transverse process fractures at L1, L2, L3 and L4 on the left and L3 and L4 on the right. It is unclear if these were the same x-rays that were read by Dr. H as normal.

The patient was subsequently treated at the K Clinic. The patient had multiple examinations at that facility. Many of them are hand written. None of them indicated that a neurological deficit of the lower extremities was noted. The patient was treated with physical therapy at that facility. Physical therapy evaluation does not document a neurological deficit in the lower extremities.

The patient was seen by a neurologist, Dr. U, MD on 8/1/03 and 9/3/03. Neither of those examinations indicated that there was a neurological deficit to the lower extremities.

The patient was seen by an orthopedist, Dr. F, MD who did not document any abnormal neurological findings involving the lower extremities. He did not have the patient's radiographs available for review on his initial evaluation. He stated in his record that he would get the previously obtained studies. However, there is no indication in the medical records that the patient followed up with him.

The patient was seen by a designated doctor, Dr. M, MD on 8/12/03. No neurological deficit was noted involving the lower extremities.

On 7/8/03 the patient had MRI's of his thoracic and lumbar spine performed at Metroplex Specialties. These MRI's were reportedly normal.

REQUESTED SERVICE(S)
MRI's of the thoracic and lumbar spine.

DECISION
Denied.

RATIONALE/BASIS FOR DECISION

There is insufficient evidence to support the medical necessity for the diagnostic testing requested. Three is no clinical evidence provided in the records that would indicate that this patient had a neurological problem or any other indication to obtain MRI's of the thoracic and lumbar spine within the first 4 weeks after the above noted work related event. There is some disagreement in the medial records among radiologists who reviewed the x-rays as to even if there were transverse process fractures present. Even if they were present, they would be as the result of muscle traction injuries and would not be expected to be associated with neurological injury.

In conclusion, in the absence of any objective findings compatible with neurological injury to the lower extremities or x-ray findings that would be related to structural instability of the spine, it is not accepted standard of care to obtain routine thoracic and lumbar MRI scans to evaluate for disc disorders as Dr. C indicated was the purpose for obtaining the MRI's in his letter of medical necessity, within the first 4 weeks of injury.