

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

SOAH DOCKET NO. 453-05-3288.M5

MDR Tracking Number: M5-05-0069-01

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 9-1-04.

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 - lumbar spine on 6-9-04 was 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 dates of service are denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision and Order is hereby issued this 15th day of December 2004.

Donna Auby
Medical Dispute Resolution Officer
Medical Review Division

DA/da

Enclosure: IRO decision

**IRO Medical Dispute Resolution M5 Retrospective Medical Necessity
IRO Decision Notification Letter**

Date: December 10, 2004
Injured Employee:
MDR #: M5-05-0069-01
TWCC #:
MCMC Certification #: 5294

Requested Services: MRI 72148-WP Lumbar, denied by carrier for medical necessity with "U" codes.

MCMC llc (MCMC) is an Independent Review Organization (IRO) that was selected by The Texas Workers' Compensation Commission to render a recommendation regarding the medical necessity of the above Requested Service.

Please be advised that a MCMC Physician Advisor has determined that your request for M5 Retrospective Medical Necessity, Medical Dispute Resolution on 12/10/2004 concerning the medical necessity of the above references requested service hereby **Upholds the carrier's decision that the requested services are not medically necessary.** The decision is based on:

- *Saratoga Medical Center letter from Dr. Puentes dated 06/02/2004
- *Proscan MRI lumbar spine report dated 06/09/2004
- *Patient Initial evaluation report dated 06/02/2004
- *Medical Specialists Group request for reconsideration dated 07/27/2004
- *Clinic notes from Dr. Charles Votzmeyer dated 06/05/2004 through 06/09/2004

Upon review of the documentation, the medical necessity of the MRI in question, 72148-WP Lumbar, is not established.

The documentation fails to provide or substantiate the medical necessity of the lumbar MRI. Specifically, this MRI was not utilized or employed in accordance with or consistent with standards of care and practice within the chiropractic profession as well as the general medical community. Typical standards of care regarding the utilization of magnetic resonance imaging suggest that an MRI can be utilized in the diagnostic evaluation of lumbar pain with and possibly without radiculopathy after an initial course of conservative care, which is 4-6 weeks in length. The MRI can be utilized sooner if there are significant neurological findings that would warrant the utilization of this diagnostic procedure earlier than 4-6 weeks post-injury and after an adequate course of conservative care. This particular individual presented to the office of the attending physician on 06/02/2004 having reported an injury to have occurred on 05/30/2004 during the normal course of his employment. Examination report dated 06/02/2004 stated that the injured individual exhibited no changes in sensation for pin-prick, light touch, vibration, or position sense. Muscle strength was graded as normal for the upper and lower extremities. Reflexes were observed to be 2+. Coordination was reported and documented as normal. There were no observed pathological positive reflexes. Lastly, the injured individual exhibited a normal gait. Given the fact that there were no significant neurological findings, the MRI should not have been utilized early in the course of treatment, (within the first 4-6 weeks).

Furthermore, MRI examination should have been preceded by plain film x-rays. The findings seen from the MRI report could have also been discovered through plain film radiography. Plain film x-rays would have been a more cost-effective approach and more consistent with the standards of care and practice within the general medical community in regards to diagnostic testing. The documentation suggests no indications for the utilization of MRI examination some 10 days post-injury.

The reviewing provider is a licensed Chiropractor and certifies that no known conflict of interest exists between the reviewing chiropractor and any of the treating providers or any providers who reviewed the case for determination prior to referral to the IRO. The reviewing physician is on TWCC's Approved Doctor List.

This decision by MCMC is deemed to be a Commission decision and order (133.308(p) (5)).

In accordance with commission rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent via facsimile to the office of the IRO on this

10th day of December 2004.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____