



Texas Department of Insurance, Division of Workers' Compensation
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION
Retrospective Medical Necessity and Fee Dispute

PART I: GENERAL INFORMATION

Type of Requestor: (X) Health Care Provider () Injured Employee () Insurance Carrier

Requestor's Name and Address:

Stand Up MRI of America
PO Box 111390
Tacoma WA 98911

MDR Tracking No.: M5-06-1263-01

Claim No.:

Injured Worker's Name:

Respondent's Name and Address:

American Home Assurance Box 19

Date of Injury:

Employer's Name:

Insurance Carrier's No.:

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

DWC-60 package. Position summary: This patient was referred to us by [referring physician]. Insurance co. is stating MRI was unnecessary.

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Response to DWC-60 package. Position summary: "...the services were denied with ANSI "50" unnecessary medical and no further payment has been recommended towards the amount in dispute."

PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	CPT Code(s) or Description	Medically Necessary?	Amount Due (if any)
9-15-05	72148, 76498, 76498-59	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$ 0.00
	Total		\$ 0.00

PART V: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code and Division Rule 133.308 (relating to Medical Dispute Resolution by Independent Review Organization), Medical Dispute Resolution assigned an Independent Review Organization (IRO) to conduct a review of the medical necessity issues between the requestor and respondent.

The Division has reviewed the enclosed IRO decision and determined that the requestor did **not** prevail on the disputed medical necessity issues.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

28 Texas Administrative Code Sec. 133.308

PART VII: DIVISION DECISION

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code, Sec. 413.031, the Division has determined that the requestor is not entitled to reimbursement for the services involved in this dispute and is not entitled to a refund of the paid IRO fee.

Findings and Decision by:

Medical Dispute Resolution Officer

5-16-06

Authorized Signature

Typed Name

Date

PART VIII: YOUR RIGHT TO REQUEST JUDICIAL REVIEW

Appeals of medical dispute resolution decisions and orders are procedurally made directly to a district court in Travis County [see Texas Labor Code, Sec. 413.031(k), as amended and effective Sept. 1, 2005]. An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. The Division is not considered a party to the appeal.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.

MATUTECH, INC.

**PO Box 310069
New Braunfels, TX 78131
Phone: 800-929-9078
Fax: 800-570-9544**

May 10, 2006

Texas Department of Insurance
Division of Workers' Compensation
Fax: (512) 804-4001

Re: Medical Dispute Resolution
MDR#: M5-06-1263-01
DWC#:
Injured Employee:
DOI:
IRO Certificate No. IRO5317

Dear Ms. .

Matutech, Inc. has performed an Independent review of the medical records of the above-named case to determine medical necessity. In performing this review, Matutech reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

Matutech certifies that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him the provider, the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for decision before referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were obtained from Hanks Chiropractic Center, RS Professional, Arkansas Claims Department, and Texas Department of Insurance. The Independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is licensed in physical medicine and rehabilitation, and is currently on the DWC Approved Doctor list.

Sincerely,



John Kasperbauer
Matutech, Inc.

REVIEWER'S REPORT

Information provided for review:

Request for Independent Review

Information provided by Hanks Chiropractic Center:

Clinic notes (09/03/05 - 01/26/06)
Chiropractic notes (08/29/05 – 11/03/05)
Radiodiagnostics (09/12/05 – 09/15/05)
FCE (09/02/05 – 10/14/05)

Information provided by RS Professional:

Clinic notes (08/29/05 - 01/26/06)
Chiropractic notes (08/29/05 – 11/03/05)
FCE (09/02/05 – 10/14/05)
Radiodiagnostics (09/15/05)

Information provided by Arkansas Claims Department:

Clinic notes (08/29/05 - 01/26/06)
Chiropractic notes (08/29/05 – 11/03/05)
FCE (09/02/05 – 10/14/05)
Radiodiagnostics (09/15/05)
Electrodiagnostics (09/28/05)

Clinical History:

This is a 25-year-old male who injured his lower back while lifting some 45-lb material. Ricky Hanks, D.C., noted that the patient's low back pain radiated to the buttocks and back of the thighs. He diagnosed lumbosacral and thoracic sprain/strain, possible lumbar intervertebral disc (IVD) displacement, and sciatica. He noted lumbar spasms and paresthesias in the lower extremities. The patient attended chiropractic therapy on 38 occasions from August through November. In a functional capacity evaluation (FCE), the patient qualified in the light work category whereas his job required a medium work category. X-rays of cervical spine were unremarkable. Thoracic x-rays revealed a small Schmorl's node at the inferior endplate of T8. X-rays of the lumbosacral spine revealed a transitional lumbarized L6 segment with pseudoarthrosis on the left. Postural/biomechanical alterations revealed abnormal straightening of the cervical lordosis and lateral list of the thoracic and lumbar spine toward the left, suggestive of paravertebral spasms. On September 15, 2005, magnetic resonance imaging (MRI) of the lumbar spine revealed: (a) a 5-mm central disc herniation compressing the thecal sac at L4-L5; (b) facet synovitis at L3-L4 bilaterally; (c) mild intervertebral osteochondrosis at L4-L5; (d) postural changes; and (e) sacralization of L5 with pseudoarthrosis on the left. Electromyography/nerve conduction velocity (EMG/NCV) studies of the lower

extremities were unremarkable. An FCE, in October, placed the patient in a light work category. On October 24, 2005, the lumbar MRI of September 15, 2005, was denied for the following reason: Review of documents indicated there were no documented red flags that would necessitate a lumbar MRI at only 19 days post nontraumatic low back injury claim. Electrodiagnostic study of the lower extremities was normal. Dr. Hanks opined that the MRI was medically necessary in order to properly evaluate and administer appropriate treatment. On January 5, 2006, a re-consideration request for the MRI scan was denied for the following reason: severe pain with movements does not qualify as a red flag and therefore MRI was not reasonable or necessary. On January 26, 2006, Dr. Hanks stated the treatment administered to the patient was medically necessary and the patient had returned to work and not come to his office since November 2, 2005.

Disputed Services:

MRI lumbar spine (72148), unlisted magnetic resonance procedure (76498), and unlisted magnetic resonance procedure (76498-59) performed on September 15, 2005.

Explanation of Findings:

Review of documentation available reports lumbar pain with limited range of motion that would be expected during the acute phase of injury as a result of soft tissue inflammation, spasms, and swelling. There is no documentation supporting focal neurological deterioration to the lower extremities that would warrant imaging studies in order to evaluate the possibility of nerve root or spinal cord entrapment. Nineteen days post injury is not sufficient time to determine that conservative care is not beneficial.

Conclusion/Decision To Uphold, Overturn or Partially Uphold/Overturn denial:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that the MRI of the lumbar spine was not reasonable or medically necessary for the treatment resultant from the injury on ____.

Applicable Clinical or Scientific Criteria or Guidelines Applied in Arriving at Decision:

Between 30% and 40% of young adult males with no history of back complaints will have some demonstrable abnormality on imaging studies. In asymptomatic people over age 40, there is a 50% incidence of abnormal findings, including herniated disc, facet degeneration, and spinal stenosis. Esses, et al, **Textbook of Spinal Disorders**, 1995, Lippincott, p 94.

ACOEEM guidelines chapter 12, page 303 "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery."

ODG – Official Disability Guidelines, Back Chapter, MRI Indications: Recommended for indications below. MRI's are test of choice for patients with prior back surgery. Repeat MRI's are indicated only if there has been progression of neurologic deficit. (Bigos, 1999) (Mullin, 2000) (ACR, 2000) (AAN, 1994) (Aetna, 2004) Magnetic resonance imaging has also become the mainstay in the evaluation of myelopathy. An important limitation of magnetic resonance imaging in the diagnosis of myelopathy is its high sensitivity. The ease with which the study depicts expansion and compression of the spinal cord in the myelopathic patient may lead to false positive examinations and inappropriately aggressive therapy if findings are interpreted incorrectly. (Seidenwurm, 2000) There is controversy over whether they result in higher costs compared to X-rays including all the treatment that continues after the more sensitive MRI reveals the usual insignificant disc bulges and herniations. (Jarvik-JAMA, 2003) In addition, the sensitivities of the only significant MRI parameters, disc height narrowing and anular tears, are poor, and these findings alone are of limited clinical importance. (Videman, 2003) Imaging studies are used most practically as confirmation studies once a working diagnosis is determined. MRI, although excellent at defining tumor, infection, and nerve compression, can be too sensitive with regard to degenerative disease findings and commonly displays pathology that is not responsible for the patient's symptoms. With low back pain, clinical judgment begins and ends with an understanding of a patient's life and circumstances as much as with their specific spinal pathology. (Carragee, 2004) See also ACR Appropriateness Criteria™.

The physician providing this review is a medical doctor. The reviewer is national board certified in Physical Medicine and Rehabilitation. The reviewer is a member of AMA, AAPM&R, PASSOR. The reviewer has been in active practice for 7 ½ years.

Matutech is forwarding this decision by mail and in the case of time sensitive matters by facsimile to the Texas Department of Insurance, Division of Workers Compensation.

Matutech retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by Matutech clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the Utilization Review Accreditation Commission (URAC), and/or other state and federal regulatory requirements.

The written opinions provided by Matutech represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to Matutech for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Matutech assumes no liability for the opinions of its contracted physicians and/or clinician advisors the health plan, organization or other party authorizing this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

Your Right To Appeal

If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.

If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code §413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision.