



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

PART I: GENERAL INFORMATION

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

Requestor's Name and Address: Texas Imaging and Diagnostic Center 3840 W. Northwest Hwy Suite 400 Dallas, TX 75220	MDR Tracking No.: M5-07-0056-01
	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: American Home Assurance Company, Box 19	Date of Injury:
	Employer's Name:
	Insurance Carrier's No.:

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Position Summary: "Dr. Veligeti felt the procedure to be medically necessary due to the patient's ongoing symptoms from his on the job injury...The patient's lumbar MRI revealed possible findings, which were used to help determine the patient's future medial treatment relating to his on the job injury."

Principle Documentation:

1. DWC-60/Table of Disputed Services/Position Summary
2. CMS-1500's
3. EOBs

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Position Summary: "After review of this request, no additional payment has been recommended towards the amount in dispute."

Principle Documentation:

1. DWC-60/Table of Disputed Services
2. CMS-1500's
3. EOBs

PART IV: SUMMARY OF DISPUTE AND FINDINGS - Medical Necessity Services

Date(s) of Service	CPT Code(s) or Description	Medically Necessary?	Additional Amount Due (if any)
9-28-05	72148	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$0.00
	Total Due		\$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. No reimbursement recommended.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

Texas Labor Code 413.011(a-d) and 413.031
28 Texas Administrative Code Sec, 133.308 and 134.1

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 of the IRO fee and is not entitled to reimbursement for the services involved in this dispute.

Findings and Decision by:

Medical Dispute Officer

10-27-06

Authorized Signature

Typed Name

Date of Findings and Decision

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.

INDEPENDENT REVIEW INCORPORATED

October 20, 2006

Re: MDR #: M5 07 0056 01 Injured Employee: ___
DWC #: ___ DOI: ___
IRO Cert. #: 5055 SS#: ___

TRANSMITTED VIA FAX TO:

TDI, Division of Workers' Compensation

Attention: ___

Medical Dispute Resolution

Fax: (512) 804-4868

RESPONDENT: ARCFMI

REQUESTOR: Texas Imaging

TREATING DOCTOR: Hari Veligeti, MD

In accordance with the requirement for DWC to randomly assign cases to IROs, DWC assigned this case to IRI for an independent review. IRI has performed an independent review of the medical records to determine medical necessity. In performing this review, IRI reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the office manager of Independent Review, Inc. and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and 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 requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is a board certified in anesthesiology/pain management and is currently listed on the DWC Approved Doctor List.

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, 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.

Sincerely,
Jeff Cunningham, DC
Office Manager

INDEPENDENT REVIEW INCORPORATED

REVIEWER'S REPORT M5 07 0056 01

MEDICAL INFORMATION REVIEWED:

1. Progress notes of several physicians and chiropractors including but not limited to Drs. Barnes, Veligeti, Meiches, Brock, Kjeldjaard, and Cantu
2. Lumbar MRI report dated 09/28/05
3. Initial evaluation for medical necessity and subsequent retrospective appeal for medical necessity for the lumbar MRI scan

BRIEF CLINICAL HISTORY:

This claimant was injured on ___ when lifting a 20-pound bag of sugar out of a grocery cart at the _____ where she was employed. She was initially evaluated at Concentra Medical Center by Dr. Barnes on ___ complaining of lumbar pain only. The claimant specifically denied any radicular symptoms. Physical examination documented no evidence of radiculopathy, and the claimant was diagnosed with a lumbar strain. She returned to Dr. Barnes for followup on 09/15/05, still complaining of lumbar pain only with no radiation of pain, numbness, or paresthesia to the legs. Physical examination again documented normal sensation and no abnormal neurologic findings. The only finding was of tenderness in the lumbar paravertebral muscles bilaterally. On that same date, 09/15/05, the claimant presented to Dr. Veligeti, complaining of lumbar pain. She also complained of shooting pain in the left and right posterior thigh. Dr. Veligeti recommended lumbar MRI scan, referred the claimant to physical therapy 3 times per week for 1 month, and began electrical muscle stimulation therapy to the lumbar paravertebral muscles. The claimant continued to receive passive modality therapy on 09/19/06, 09/21/05, 09/23/05, and 09/26/05. Physical examination during those dates documented nothing more than bilateral muscle tenderness and spasm with no evidence of neurologic deficit or radiculopathy. On 09/28/05 the claimant had a lumbar MRI scan performed at the order of Dr. Veligeti. It demonstrated disc dehydration with a radial annular tear at L3/L4, mild facet arthropathy, and congenital mild thecal sac stenosis at L4/L5, and a mild central protrusion at L5/S1. There was no evidence of disc herniation, clinically significant spinal stenosis, foraminal stenosis, spinal cord compromise, or nerve root impingement at any level. She continued followup thereafter with Dr. Veligeti, continuing to receive passive modality therapy to her paravertebral lumbar muscles through 10/19/05. None of the followup visits documented anything more than low back pain and continued tenderness of the paravertebral lumbar muscles. On 10/24/05, the claimant was seen by Dr. Brock, a chiropractor, for neurologic evaluation and electrodiagnostic studies. The claimant's physical examination documented negative straight leg raising, normal neurologic findings, normal strength, normal sensation, and no abnormal reflexes. EMG and nerve conduction studies were performed, demonstrating findings suggestive of a left L5 radicular lesion but no active denervation.

Dr. Brock noted the MRI findings of no disc herniation, stenosis, or neural impingement at any level. Review of the electrodiagnostic study data indicates a nonspecific reduction in EMG findings of the left tibialis anterior and peroneus longus but entirely normal EMG findings of the lumbar paraspinal muscles bilaterally. Based upon this data, there was no evidence of radiculopathy absent paraspinal findings. On 11/03/05, the claimant was evaluated by Dr. Kjeldgaard for an orthopedic evaluation. His physical examination again documented normal lower extremity motor strength, normal lower extremity sensation, normal lower extremity reflexes, and negative straight leg raising test bilaterally. On 11/22/05, the claimant was seen by Dr. Cantu. He noted the claimant's complaint of "only left-sided pain on her left hip region." He also reviewed the claimant's MRI scan, stating that it demonstrated only a "small amount of desiccation" at the L3/L4 level with "no significant pathology" at the L4/L5 or L5/S1 levels. He also noted the EMG studies demonstrating "no findings of spontaneous denervation." Dr. Cantu's physical examination documented negative straight leg raising bilaterally, normal reflexes, normal strength, and normal sensation in both lower extremities. He diagnosed the claimant with a left sacroiliac joint dysfunction. A subsequent review for the medical necessity of lumbar MRI scan was performed on 11/13/05, finding that there was no medical reason or necessity for performing the lumbar MRI scan only 15 days following the claimant's nontraumatic work event. An appeal review was then performed on 12/22/05, upholding the lack of medical reason or necessity for the claimant undergoing lumbar MRI.

DISPUTED SERVICES:

Lumbar MRI dated 09/28/05.

DECISION:

I AGREE WITH THE DETERMINATION MADE BY THE INSURANCE CARRIER IN THIS CASE.

RATIONALE OR BASIS FOR DECISION:

This claimant sustained a mild lumbar strain injury on ____, presenting initially with low back pain only, specifically denying any radicular symptoms. When seen by Dr. Veligeti on 09/15/05, the claimant also complained primarily of lumbar pain. In all of the subsequent progress notes documented by Dr. Veligeti from ____ through 09/26/05, the claimant's complaints continued to be documented as low back pain only with no mention of radicular symptoms and no evidence of radiculopathy on physical examination. Therefore, based upon the lack of radicular complaints as well as the lack of radiculopathy on physical examination, there was no medical reason or necessity for this claimant to under a lumbar MRI scan. Moreover, there was no medical reason or necessity for this claimant to undergo a lumbar MRI only 13 days following a minor lumbar strain event, as there was no medical urgency documented to necessitate an imaging study so soon after such a minor event. There was no documentation of worsening neurologic symptoms, worsening radicular pain, evidence of development of cauda equina syndrome, or progressive neurologic deficit that would have necessitated a lumbar MRI scan. Furthermore, all of the subsequent evaluations by Drs. Brock,

Kjeldgaard, and Cantu documented the same lack of radicular symptoms and lack of radiculopathy on physical examination through 11/22/05. Additionally, the electrodiagnostic studies by Dr. Brock clearly also did not demonstrate evidence of active lumbar radiculopathy. Therefore, absent examination evidence of radiculopathy and subjective complaints of radicular pain, as well as lack of significant change in the claimant's neurologic examination, there was no medical reason or necessity for lumbar MRI scan.

**SCREENING CRITERIA/TREATMENT GUIDELINES/PUBLICATIONS
UTILIZED:**

ACOEM Guidelines note that "physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false positive findings such as disc bulges that are not the source of painful symptoms and do not warrant surgery." In this case, there was no such physiologic evidence of nerve dysfunction. The absence of physiologic evidence of nerve dysfunction was noted clinically, subjectively, and objectively. According to AHCPR Clinical Practice Guideline 14, there is also no medical reason or necessity for special diagnostic testing "except when serious underlying pathology is suspected." In this case, there was neither physical examination evidence or subjective complaints of a clinical condition which implied serious underlying pathology. Finally, medical literature indicates that MRI scan is indicated when cord compression or cauda equinus syndrome, significant or progressive focal neuromotor deficits, neoplasm, epidural abscess, osteomyelitis, and severe disabling pain unresponsive to conservative therapy are present. In this case, none of these criteria were met, either. Therefore, according to accepted medical guidelines, there was no medical reason or necessity for this claimant to have the lumbar MRI scan study that was performed.