

MEDICAL REVIEW OF TEXAS

[IRO #5259]

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NOTICE OF INDEPENDENT REVIEW DETERMINATION

AMENDED 8/18/05

TWCC Case Number:	
MDR Tracking Number:	M2-05-0287-02
Name of Patient	
Name of URA/Payer:	Zurich American Insurance
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician:	Joseph Gaines, MD
(Treating or Requesting)	

August 8, 2005

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,

Michael S. Lifshen, MD
Medical Director

cc: Joseph Gaines, MD
Texas Workers Compensation Commission

RE:

CLINICAL HISTORY

Records received for review included:

- Dr. Joseph Gaines Operative and Discharge Report dated 2/10/04 and Addendum to report;
- Medical records submitted by Dr. Gaines (1/7/04 – 5/25/05);
- Radiology Associates reports (7/7/03 – 11/10/03); and
- Correspondence from Flahive, Ogden & Latson for carrier to include records from Luiz C. Toledo, MD, Mark E. Huff, Jr., MD, Kevin Miracle, MS, LPT.

This man sustained a work related injury on _____. At that time he was on a catwalk on the back of his truck. His left knee locked and he fell approximately 3-4 feet. The medical records indicate that he sustained an injury to the radial styloid and triangular fibrocartilaginous complex of his left wrist. He sustained a left knee injury requiring arthroscopic removal of loose bodies and chondroplasty on 2/10/04. He sustained a contusion of the left greater trochanter and an injury to the low back.

The patient's ongoing problem is related to his low back. He has pain radiating down his left leg with numbness between his second and third toes. His treating orthopedic surgeon, Joseph Gainer, MD has examined the patient on multiple occasions and found a normal neurological examination.

The patient has had a thoracic MRI performed on 1/7/04 which was reportedly negative. He has had a lumbar MRI performed 7/14/03 which reportedly showed an angioma involving the L3 vertebral body and minimal disc bulging at the L5-S1 level. Otherwise the MRI was thought to be normal.

The patient has been treated with physical therapy, exercises, a galvanic stimulator, multiple medications including anti-inflammatories, analgesics and muscle relaxants. His low back symptoms persist unabated.

REQUESTED SERVICE(S)

Standing lumbar MRI

DECISION

Denied.

RATIONALE/BASIS FOR DECISION

According to Dr. Gainer's notes, this patient is 5' 11" tall and weighed 280 pounds when he was examined on 6/23/04. There is no mention in the medial records that this has changed.

The studies reviewed on standing lumbar MRIs, including a study by I.F. Roy, et al, (Proc. Int'l. Soc. Mag. Resn. 2001) indicate that normal disc morphology changes when a patient is studied in the supine as compared to an upright position. There were no peer reviewed studies that provide guidelines as to how much variation is normal and how a patient's body habitus may affect the result. This patient is very large. Therefore, empirically one would suspect his disc appearance would be different with him upright. However, without any accepted standards outlining how much change in disc morphology is normal, no way to know if findings on a standing MRI are pathological or not. If the results of a test are uninterpretable, the test should not be performed.

Further, this patient already has had an MRI of his lumbar spine. No pathology was noted other than mild disc bulging of the L5-S1 disc. Specifically there was no evidence of disc desiccation, spondylolysis or other pathology that one might think would lead to spinal instability. Therefore from this perspective there is no indication to perform this procedure.

In conclusion a standing MRI is not indicated for this patient because spinal instability is not an issue and there are no guidelines to determine what changes in disc morphology are pathological when comparing supine and standing MRIs.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) calendar days of your receipt of this decision (20 Tex. Admin. Code 142.5©).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings/Appeals Clerk
Texas Workers' Compensation Commission
P.O. Box 17787
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 9th day of August 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Cindy Mitchell