

**Matutech, Inc**  
881 Rock Street  
New Braunfels, TX 78130  
Phone: 800-929-9078  
Fax: 800-570-9544

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Notice of Independent Review Decision

**Date: December 14, 2012**

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Initial MRI lumbar spine without contrast

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

Chiropractor

**REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

- Office visits (12/12/11 - 10/23/12)
- DWC-73 (12/14/11 - 02/06/12)
- Diagnostics (12/14/11)
- PT evaluations (01/06/12 - 02/17/12)
- DWC-69 (02/06/12)
- Utilization reviews (10/31/12 – 11/26/12)

**Dr**

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- DWC-69 (02/06/12)
- Utilization reviews (11/12/12 - 11/21/12)

#### **TDI**

- Utilization reviews (10/31/12 – 11/26/12)

**ODG has been utilized for denials.**

#### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a female who on xx/xx/xx, was supervising kids on a playground. As she was walking around, she tripped and landed on her back.

On xx/xx/xx, M.D., evaluated the patient for low back pain and right shoulder pain. X-rays of the lumbar spine showed decreased disc height at L4-L5 with arthropathy. Dr. diagnosed right shoulder strain, cervical strain and lumbar strain.

On xx/xx/xx, the patient underwent x-rays of the right shoulder that were unremarkable. X-rays of the cervical spine was also unremarkable. X-rays of the lumbar spine showed degenerative articular facet arthropathy changes involving the respective articular facets of L4-L5 and L5-S1 bilaterally. At L4-L5, there was a degenerative disc as well as a calcified posterior central protruding disc. The patient was recommended a lumbar magnetic resonance imaging (MRI) if she continued with persistent low back pain and radiculopathy.

From xx/xx/xx, through January 2, 2012, Dr. evaluated the patient for low back, neck and right shoulder pain. Examination showed left paracervical muscle spasm, tenderness posteriorly in the right upper extremity and painful sensation over the lumbar region with tingling. Dr. treated the patient with Celebrex and Norco and recommended initiating physical therapy (PT).

On January 3, 2012, the patient attended a PT evaluation. The evaluator recommended PT three times a week for two weeks.

On January 16, 2012, Dr. evaluated the patient for neck and back pain. The patient had no pain to the shoulder. She also had numbness and pain in the left leg. Dr. refilled medications and recommended attending therapy.

On January 26, 2012, the patient attended a PT re-evaluation. She reported approximately 50% improvement. She still complained of bilateral cervical pain and centralized lumbar pain with prolonged weightbearing and activities. She had attended six therapy sessions consisting of therapeutic exercises, neuromuscular reeducation, manual therapy and electrical stimulation. She was exhibiting gradual improvement.

On February 6, 2012, Dr. noted the patient was doing better but still had the radiating pain. Examination showed negative straight leg raise (SLR), paraspinous muscle spasm, hyperreflexia and 5/5 strength. He recommended full duty and discharged the patient from his care.

Per the DWC-69 dated February 6, 2012, Dr. placed the patient at clinical maximum medical improvement (MMI) with no impairment rating (IR).

On February 17, 2012, the patient attended a PT reevaluation. The patient had attended four sessions of PT in February consisting of therapeutic exercise, neuromuscular reeducation and manual therapy. She had exhibited gradual improvement and would benefit from continuing with her home program.

On October 23, 2012, D.C., evaluated the patient for cervical spine, lumbar spine and right shoulder pain. He noted that throughout the report notes the patient had low back pain and tingling and pain radiating into the left leg but an MRI study was never performed. There was no documentation that any PT was performed on the right shoulder. Examination of the right shoulder revealed tenderness and pain in the superior and lateral aspect of the glenohumeral region and 4/5 manual muscle testing in the right with forward flexion, abduction and external rotation secondary to pain. Examination of the lumbar spine showed positive Valsalva maneuver, Kemp's test, SLR test on the left at 40 degrees and Milgram's test at 5 seconds. The patient had 4/5 strength on left ankle dorsiflexion. There was hypoesthesia noted in the lateral thigh and the anterior and medial leg to the foot on the left suggesting L4 distribution and also in the distal lateral thigh and extending into the proximal lateral calf as well in the dorsum of the foot on the left suggesting L5 distribution. The patient was experiencing continued symptoms consistent with possible lumbar radiculitis in conjunction with the sprain and strain injury of the lumbar spine. Dr. recommended MRI of the lumbar spine and trial of PT to the right shoulder.

Per the utilization review dated October 31, 2012, the request for six sessions of PT and an outpatient MRI of the lumbar spine without contrast was denied based on the following rationale: *"The medical necessity for the requested 6 sessions of physical therapy for the right shoulder and lumbar MRI was not established. The provider stated that the claimant received no physical therapy for the right shoulder. However, there is no documentation from the previous therapy indicating what body parts were treated. A review of the initial treatment records to determine whether or not the claimant received any therapy for this body part is essential. Moreover, clarification as to why the claimant received no treatment from February 2012 through October 2012 if she continued to have ongoing neck, lumbar, and right shoulder complaints would be needed. The requested 6 additional treatments exceed the ODG guidelines. Moreover, within the medical information available for review, there is no statement identifying why an independent home exercise program would be insufficient to address any remaining functional deficits. Therefore, the medical necessity for the requested 6 treatments was not established. Prior to certifying any additional diagnostic*

*testing, a complete review of the past history is essential. The claimant underwent a course of therapy for the lumbar spine and was reportedly released from care. The rationale for performing an MRI of the lumbar spine after having not received any treatment for approximately 8 months was not established.”*

Per the reconsideration review dated November 12, 2012, the appeal for six sessions of PT was authorized. The request for an outpatient MRI without contrast was denied based on the following rationale: *“On October 31, 2012 at 12:00 p.m., a case discussion was held with Dr.. The recommendation is to certify 6 treatments consisting of therapeutic exercise, therapeutic activities, manual therapy, and neuromuscular reeducation, not to exceed 4 units. The medical necessity for the requested lumbar MRI was not established. The claimant presented with an exacerbation of her chronic complaints. Given the clinical findings on examination, ODG guidelines would support an initial 6 treatments. ODG guidelines, web-based version, physical therapy preamble, indicate that an initial 6 visit clinical trial can be considered appropriate. Therefore, it was agreed to certify 6 treatments. It was also agreed to non-certify the lumbar MRI at this time. Following completion of treatment the need for any additional diagnostic imaging can be addressed.”*

On November 15, 2012, Dr. xxxxx stated that the patient had already undergone approximately 10 visits of PT without any significant improvement for the lumbar spine. Dr. initially had diagnosed the patient with lumbar radiculopathy. He stated that there was plenty of information indicating that the patient was experiencing pain radiating into her left lower extremity that she described as tingling. The PT notes also indicated that the patient was experiencing left hip pain and thigh pain on January 6, 2012. Dr. opined that the patient continued with low back pain as well as numbness and tingling radiating into the lower extremities. She had failed conservative care. She had physical examination findings that would qualify her for an MRI study in accordance with the ODG and it had been recommended by previous treating doctors, but never performed.

Per the utilization review dated November 21, 2012, D.C., denied the request for an outpatient MRI of the lumbar spine without contrast based on the following rationale: *“The claimant is a morbidly obese, female who is also apparently diabetic. The claimant presented to the office of the chiropractor approximately 8 months after completing a course of allopathic care. Upon release from the latter, no permanent impairment was identified. She presents now with lower back and lower extremity pain. Objectively, the attending notes findings of distal sensory loss and motor weakness. DTRs are normal and there is no mention made of atrophy. Stipulating the same, I must conclude that the request for an MRI does not meet the criteria set forth by the ODG for this diagnostic procedure. I note no evidence of severe symptomatology/or progressive neurological deficit to substantiate the request. Stipulating same and remaining consistent with the ODG, the request is denied.”*

Per the reconsideration review dated November 26, 2012, the appeal for an outpatient MRI of the lumbar spine without contrast was denied based on the following rationale: *“The request is for an MRI of the lumbar spine. The claimant is a female. The claimant’s current occupation and work status are unknown. The claimant is now nearly 12 months status post trauma. The mechanism of trauma involved a trip and fall while stepping backwards. Prior diagnostics have included plain film radiology of the cervical spine, lumbar spine and right shoulder. Prior treatment has included ten (10) sessions of outpatient Chiro/physical therapy (PT). The claimant was most recently seen by Dr. on October 23, 2012. The claimant continued with neck pain, shoulder pain and lower back pain. With respect to the right shoulder, the doctor noted tenderness to palpation, restricted ROM and motor weakness. The lumbar spine was remarkable for provocative orthopedic testing to include a positive straight leg raising (SLR) at 40 degrees, motor weakness involving the left lower extremity, restricted range of motion (ROM) and sensory loss. The medical reflects that this claimant was graded at maximum medical improvement (MMI) on February 6, 2012, by Dr.. The doctor’s final assessment, with respect to the lumbar spine was remarkable for no signs of nerve root tension or compression. The doctor’s exam was essentially benign. The doctor discharged the claimant to full duty and awarded no impairment for the compensable event. The doctor’s initial evaluation was also unremarkable for signs of nerve root tension or compression. Subsequent examinations were remarkable for the same. A review of physical therapy services revealed that the claimant showed no signs of nerve root tension or compression. Lastly, plain film radiology of the lumbar spine obtained on December 14, 2011, was said to reveal a calcified posterior central protruding disc at L4-L5. According to the medical there occurred an eight (8) month hiatus in care following the claimant’s discharge from the office of Dr. Rose.”*

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:**

The patient was released without restrictions two months after the initial injury date. Records reveal no residual signs or symptoms after release, treating doctor evaluation with MMI date of 2-6-12 and no impairment. 8 months afterwards she presents with similar symptoms. It is unknown as to what happened to her in this time frame. She is morbidly obese; the record reveals she is diabetic. Her tingling and numbness may be a manifestation of early diabetic neuropathies. No evidence of severe or progressive neurological signs or symptoms. She has pre-existing lumbar degenerative changes. Appropriate ODG correlation as described above applies.

Decision for non-authorization of Lumbar MRI upheld

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

**ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**