

MDR Tracking Number: M5-03-1175-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective January 1, 2003 and Commission Rule 133.305 and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent.

The 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 was not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Division has determined that MRI fees were the only fees involved in the medical dispute to be resolved. As the treatment was not found to be medically necessary, reimbursement for date of service from 9/6/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 26th day of March 2003.

Noel L. Beavers  
Medical Dispute Resolution Officer  
Medical Review Division

NLB/nlb

#### NOTICE OF INDEPENDENT REVIEW DECISION

March 20, 2003

Rosalinda Lopez  
Program Administrator  
Medical Review Division  
Texas Workers Compensation Commission  
4000 South IH-35, MS 48  
Austin, TX 78704-7491

RE:

MDR Tracking #: M5-03-1175-01  
IRO Certificate #: 4326

\_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to \_\_\_ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

\_\_\_ has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. \_\_\_ health care professional has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to \_\_\_ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

### Clinical History

This patient sustained a work-related injury on \_\_\_ when he was lifting a heavy container of fish and ice, and felt a pop in his lower back. The patient was evaluated by a chiropractor which revealed moderate levels of low back pain, restricted ranges of motion, normal muscle testing and neurologic examination, and absence of significant pain or radicular symptomatology in the lower extremities. Plain x-rays of the lumbar spine performed on 08/26/02 were essentially unremarkable. An MRI performed on 09/06/02 revealed postural and degenerative changes as well as a 3mm disc bulge at L5, which did not contact or displace any neural elements or thecal sac. A functional capacity evaluation was performed on 10/22/02, which indicated that the patient was able to meet his physical demand category of heavy.

### Requested Service(s)

MRI performed on 09/06/02

### Decision

It is determined that the MRI performed on 09/06/02 was not medically necessary to treat this patient's condition.

### Rationale/Basis for Decision

The medical record documentation does not support the need for an MRI to have been performed on 09/06/02. Standards of care typically suggest that an MRI should be performed within the first 6 weeks only if there are significant bowel or bladder symptoms, or significant to severe radicular symptomatology including neurologic deficits. The patient did not have symptomatology on the initial examination to warrant an MRI. The patient presented with moderate pain, no radicular symptomatology, normal muscle testing, normal reflexes, no complaints of bowel or bladder dysfunction, and an essentially normal x-ray. The MRI was ordered prematurely and not based upon the results of the initial examination. Therefore, the MRI performed on 09/06/02 was not medically necessary.

Sincerely,