

MDR Tracking Number: M5-03-1475-01

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, 2002 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 lumbar 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 lumbar 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 5/29/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 9<sup>th</sup> day of May 2003.

Carol R. Lawrence  
Medical Dispute Resolution Officer  
Medical Review Division  
CRL/crl

NOTICE OF INDEPENDENT REVIEW DECISION

May 1, 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 #: M5-03-1475-01  
IRO Certificate #: IRO4326

\_\_\_ 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. \_\_\_'s 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 was in a work-related motor vehicle accident on \_\_\_\_\_. She was a restrained driver and was struck by another vehicle from the rear. The nerve conduction velocity (NCV) study results from 07/10/02 reveals evidence of left L5 nerve radiculopathy; the rest of the study was negative. A lumbar MRI from 05/29/02 revealed no evidence of herniated disc nor spinal stenosis although mild degenerative changes were noted at L3 and L5 and spondylolitic spondylolisthesis of L5 upon S1 by approximately 40%.

#### Requested Service(s)

The requested service was an MRI performed on 5/29/02.

#### Decision

It is determined that the MRI performed on 5/29/02 was not medically necessary to treat this patient's condition.

#### Rationale/Basis for Decision

The medical record documentation indicates an initial exam was performed on 5/23/02. Although there were some positive orthopedic tests there was no radicular complaints, no neurological findings to indicate a disc problem, and no mention of bladder or bowel problems. Given the fact that the MRI was performed only six days after the initial exam, there was not significant time to determine if in fact the initial treatment given was beneficial. All nationally accepted treatment guidelines indicate the need for an MRI only after approximately three to six months post injury date unless there are special circumstances which were not noted in this case. It is not medically necessary to order a lumbar MRI so soon after her injury date and so soon after the initiation of a treatment plan. Therefore, the lumbar MRI performed on 5/29/02 was not medically necessary.

Sincerely,