

MDR Tracking Number: M5-03-2210-01

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 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 adverse determination that the MRI of the lumbar spine was not found to be 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 the MRI of the lumbar spine was 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 10/25/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 1st day of July 2003.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division

MQO/mqo

June 30, 2003

Re: Medical Dispute Resolution
MDR #: M5-03-2210-01

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is Certified in Chiropractic Medicine.

Clinical History:

This male claimant sustained on-the-job injury on ____, for which he sought care on 10/23/02. Initial evaluation indicated positive subjective and objective findings. The treatment plan consisted of being seen daily for two weeks in an attempt to have him return to pre-injury status and to minimize the possibility of future injuries.

The patient was to receive therapy to include interferential, cryotherapy, and myofascial release and was instructed to perform neuromuscular re-education exercises. The evaluation revealed all deep tendon reflexes were normal. No sensory deficits were indicated. In his initial report, the treating physical states that he will defer the MRI evaluation pending the patient's response to treatment. He stated that further evaluation would be determined in subsequent examinations. However, for some reason, the treating physician did order the MRI evaluation only two days after he initially saw the patient, only four days after the date of injury.

The patient was sent for a medical consultation on 10/28/02. Subjective symptoms were present. Objective findings were pain on range of motion, spasm present, right Achilles tendon ankle pain on range of motion, positive straight-leg testing at 30 degrees bilaterally, reflexes unremarkable, sensation within normal limits, and lower limbs tone and power unremarkable. Continued conservative treatment was recommended, as well as MRI of the lumbar spine. (He was, apparently, unaware of the MRI performed on 10/25/02.)

Disputed Services:

MRI of the lumbar spine.

Decision:

The reviewer agrees with the determination of the insurance carrier. ____The reviewer is of the opinion that the MRI was not medically necessary in this case.

Rationale for Decision:

The treating physician's SOAP notes from 10/23, 10/24, and 10/25/03, show no significant deterioration of the patient's condition that would warrant an MRI so soon. In addition, due to the fact that the reflexes were essentially normal and there were no sensory deficits present, there would be no need to have a lumbar MRI performed so soon after this patient's injury.

National Treatment Guidelines indicate it is usual, reasonable, customary and medically necessary to perform a lumbar MRI approximately four weeks or more after the onset and date of injury of this nature, unless some specific extraordinary circumstances warrant an MRI sooner. This was not the case in this situation.

I am the Secretary and General Counsel of ___ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Sincerely,