

MDR Tracking Number: M5-03-2955-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General 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 dispute was received on December 5, 2002.

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.

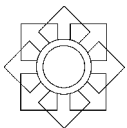
Based on review of the disputed issues within the request, the Division has determined that fees were the only fees involved in the medical dispute to be resolved. As the MRI was not found to be medically necessary, reimbursement for date of service from 1/3/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 8th day of October 2003.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division

MQO/mqo

Enclosure: IRO decision



Texas Medical Foundation

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NOTICE OF INDEPENDENT REVIEW DECISION

October 2, 2003

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

RE: Injured Worker: _____
MDR Tracking #: M5-03-2955-01
IRO Certificate #: IRO4326

The Texas Medical Foundation (TMF) 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 TMF for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

TMF 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. TMF'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 TMF 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 injured on ____ when she slipped on a sheet of material that she was folding. She fell on her buttocks and hit her head. She saw a chiropractor for treatment and therapy.

Requested Service(s)

MRI of the sacrum performed 01/03/02

Decision

It is determined that the MRI of the sacrum performed 01/03/02 was not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The medical records reviewed did not demonstrate a sufficient clinical basis for the implementation of MR imaging of the sacrum performed on 01/03/02. There is no mention of a sacral injury beyond the alleged sacral fracture that occurred on _____. Based on a fracture diagnosis, there is no need to perform MR imaging over the sacral region at this stage in the treatment of this patient's medical condition. Immediately after a trauma (10-15 days) MR imaging may be a vital asset in rendering a correct diagnosis. The amount of time from the original trauma may make this patient a candidate for a CT scan or even bone scintigraphy. However, there is no data to document the necessity of any further imaging in the treatment of this patient's medical condition beyond 12/27/01.

Further, there are no sinister processes that are occurring in this patient to warrant the application of further diagnostic imaging of the sacrum.

The aforementioned information has been taken from the following guidelines of clinical practice and clinical references:

- *Criteria for MRI of the lumbar spine.* Washington State Department of Labor and Industries; 1999 Jun. 1p.
- *Overview of implementation of outcome assessment case management in the clinical practice.* Washington State Chiropractic Association; 2001. p54.
- *Unremitting low back pain. In: North American Spine Society phase III clinical guidelines for multidisciplinary spine care specialists.* North American Spine Society (NASS); 2000. 96p.

Sincerely,

A handwritten signature in black ink, appearing to read "Gordon B. Strom, Jr.", written in a cursive style.

Gordon B. Strom, Jr., MD
Director of Medical Assessment

GBS:vn