

THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER:

SOAH DOCKET NO: 453-04-0678.M5

MDR Tracking Number: M5-03-2966-01

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 assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 6-2-03.

The Medical Review 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, spinal canal 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 Medical Review Division has determined that fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for dates of service 2-22-03 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 29th day of August 2003.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

DZT/dzt

NOTICE OF INDEPENDENT REVIEW DECISION

August 27, 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 #: M5-03-2966-01
 IRO Certificate #: IRO 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. ___'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 injured her back while in a back class doing a 2-man lift on ____. She started seeing a chiropractor for treatment and physical therapy. A lumbar MRI dated 02/22/03 revealed posterior annular tear at L4-5, mild right facet joint effusion, and mild facet arthrosis.

Requested Service(s)

MRI spine dated 02/22/03

Decision

It is determined that the MRI spine dated 02/22/03 was not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The initial exam performed on this patient showed positive orthopedic findings, grade +4 muscle weakness on the right anterior tibialis, and normal lower extremities. No specific sensory deficits were recorded on this exam. She had only three visits when an MRI was ordered for 02/22/03.

National treatment guidelines allow for MRI testing one to two months post injury unless there are urgent or compelling reasons to order one sooner. The mere fact the patient has low back pain with radiculopathy into the posterior legs down to the knees, positive orthopedic tests, and mild weakness is not sufficient to order an MRI so soon after initiating treatment. Diagnostic testing should be delayed as recommended in the guidelines to allow for evaluation of the patient's response to treatment. The records indicated the patient's pain scale after treatment had decreased from the initial number of eight on 02/17/03 to the level five on 02/21/03, indicating a favorable response to care. Therefore, it is determined that the MRI spine dated 02/22/03 was not medically necessary.

Sincerely,