

MATUTECH, INC.

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DATE OF REVIEW: APRIL 3, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar MRI without contrast.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

Board certified in Physical Medicine and Rehabilitation.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
 Overturned (Disagree)
 Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Concentra Integrated Services, Inc.:

- Office notes (04/19/02 – 01/31/07)
- Radiodiagnostics (03/23/01 – 09/21/06)
- Utilization review (02/06/07 & 02/20/07)

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a patient who was injured. He was straddling a box and lifting and twisting a generator when he felt a pop in his lower back.

In 2001, a lumbar myelogram was essentially normal except for some anterior spurring of the L3, L4, and L5 vertebral bodies. A whole body bone scan showed no abnormalities except for some focal increased activity in the left mid knee. Lumbar x-rays demonstrated mild degenerative changes of the anterior superior

margins from L2 through L5 vertebrae and the possibility of a unilateral spondylolysis on the left at L5. Magnetic resonance imaging (MRI) of the lumbar spine showed minimal degenerative changes.

In 2002, M.D., evaluated the patient for sharp mid back pain radiating to the left buttock and around to the groin in both legs. Medications being utilized were OxyContin, Zanaflex, Klonopin, and Nexium. Dr. could not arrive at a clear diagnosis but assessed clinical radiculopathy on the left and some signs of a disc tear but with no corroboration on MRI. An electromyography/nerve conduction velocity (EMG/NCV) study of the lower extremity performed earlier had been normal. Dr. assessed maximum medical improvement (MMI) as of April 19, 2002, and assigned 5% impairment rating (IR) based on DRE category II of the lumbosacral region.

In 2003, lumbar discogram was positive at L3-L4. Lumbar MRI showed no acute findings. A repeat MRI in 2004 showed mild progressive degeneration from the L3-L4 disc but no other abnormalities.

In June 2006, the patient presented to M.D., for flare-up of his back pain with bilateral leg pain. Dr. assessed chronic low back pain with radiation into the left leg status post intradiscal electrothermal therapy (IDET) at L4-L5 and L3-L4. Lumbar discogram [followed by a computerized tomography (CT) scan] demonstrated severe concordant back pain at L3-L4 with anterior and posterior fissuring, and significant pressure at L4-L5 and L5-S1 but with no back pain. Dr. recommended disc replacement at L3-L4 or a fusion.

In January 2007, Dr. reported that a second opinion had concurred with the need for a surgery. He ordered a fresh lumbar MRI.

On February 6, 2007, the request for lumbar MRI was denied stating the following rationale: *MRI was not necessary as there were no neurological abnormalities and the previous MRI had been negative. MRI was indicated only if there was a change in the neurological situation.* On February 20, 2007, an appeal for lumbar MRI was denied stating that: *There was no evidence of any progressive neurological lumbosacral nerve root abnormalities which might support MRI testing.*

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

Based on the medical records there is no evidence of neurologic compromise and specifically no evidence of neurologic change. Evidenced base guidelines consistently do not recommend repeat MRIs unless there is neurologic progression and that is not evident in this case.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

**ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT
GUIDELINES**