

IRO Express Inc.

An Independent Review Organization

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DATE OF REVIEW: 12/02/2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Repeat MRI of the lumbar spine without contrast

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

M.D., Board Certified in pain management and anesthesiology under the American Board of Anesthesiologists.

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. ODG Guidelines
2. Denial Letters 10/25/07 and 10/30/07
3. Medical Records from Dr. January thru October 2007 and Letter of 10/30/07
4. Operative Reports 3/1/07, 4/16/07, 5/21/07 and 7/18/07
5. MRI 11/10/06

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient was injured while working. Since that time, he has been suffering from low back pain and "left greater than right" lower extremity radiculopathy. He had an MRI that was performed on 11/10/06 which was significant for disc bulges at L2-3 and L3-4. There was also a disc bulge with a focal annular tear and a

small central protrusion at the L4-5 level. In addition, bilateral joint facet hypertrophy causing mild spinal canal stenosis and mild bilateral neural foraminal narrowing was noted at the L4-5 level. Since that time, the patient has undergone three epidural steroid injections at the L5-S1 level and one bilateral L3 through S1 intraarticular facet joint injection. Per the notes, the patient's pain improved but eventually returned after all of these interventional procedures. There was no mention of any change in the symptoms from the original presentation, and per the last neurological exam performed on 08/23/07, the patient had "no new neurological deficits noted." On reviewing the entire chart, the Reviewer's medical assessment is that there has been no mention of any neurological deficits at any visit.

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

Per the Official Disability Guidelines, a repeat MRI is indicated if the patient has "severe or progressive neurological deficits from a lumbar disc herniation." This patient has had no neurological deficits noted at any office visit at Dr.'s office. Given that there have been no new neurological deficits since that time, there is no real indication per the Official Disability Guidelines for a repeat MRI. Just because a surgeon has a policy of requiring a patient to have an MRI if there has not been one performed in the last six months is not "medically indicated and medically necessary" as per Dr.'s appeal letter that was written on 10/25/07. Another indication for a repeat MRI is myelopathy for which the patient has none documented.

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

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)