

I-Decisions Inc.

An Independent Review Organization

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Notice of Independent Review Decision

DATE OF REVIEW: DECEMBER 20, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Repeat lumbar MRI scan, outpatient.

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

M.D., board certified Orthopedic Surgeon, board certified Spine Surgeon, board certified in Pain Management

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.

The reviewer finds the medical necessity for repeat lumbar MRI scan is not medically necessary. This claimant was allegedly injured while loading boxes into a truck. He had a previous lumbar MRI scan performed on 02/13/06. He is a xx-year-old male, and there were no abnormalities noted on the MRI scan. He then was recommended for repeat outpatient MRI scan by Dr.. The indication for this was continued back and leg pain. The ODG Guidelines recognize that a repeat MRI scan would be indicated where there is substantial change in the injured worker's condition, and in particular, where there has been a progression of neurological deficits. The patient has already had a confirmed

diagnosis of facet arthropathy. An MRI scan was shown not to be abnormal initially, and there is no documentation in the records of progression of deficit of the patient's condition. Hence, it is the opinion of this reviewer that the repeat outpatient MRI scan is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Lettes, 11/6/07, 10/1/07, 8/23/07, 8/13/07, 10/19/07
MD, 9/6/07, 9/20/07
DC, 9/5/07, 8/22/07, 7/18/07, 9/14/06, 7/25/07, 8/16/06, 7/17/06, 6/21/06, 6/7/06, 5/18/06,
4/20/06, 4/10/06, 3/30/06, 3/16/06, 3/2/06
Operative Report and Hospital Records, 7/11/06
Operative Reports, 4/5/06, 5/10/06
MRI Lumbar Spine, 2/13/06
DO, 7/25/07
Injury Report, 11/05
MMI, 9/27/06
Back Institute, 8/30/06, 9/1/06, 9/6/06, 9/8/06
MD, 9/6/06
DC, 2/22/06, 2/15/06, 2/8/06, 2/6/06, 2/1/06, 1/30/06, 1/6/06, 12/30/05, 12/19/05, 12/15/05

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is currently a xx-year-old male. He was apparently loading boxes into a truck at the time of his injury. He was evaluated by MRI scan. As of the September notes, he presented with low back pain and bilateral leg pain, left greater than right. He was stated to have potential signs of sciatic nerve and apparently facet loading was positive. There was no evidence of instability. The MRI scan from February 2006 showed no abnormalities that would be incompatible with a xx-year-old male at the time. His only finding was 2-mm bulge at L5/S1, which was within normal limits. He has no documented neurological deficit. He had excellent relief from facet rhizotomy and then recurrence of his back pain subsequently.

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

The clinical picture of this patient is one of lumbar facet syndrome with good response to lumbar rhizotomy. The pain in the legs is most likely on a referred basis, as there is no evidence of any disc abnormality or foraminal stenosis on the lumbar MRI scan. There has been no progression of neurological deficit. There has only been return of his back pain complaints. Hence, the diagnosis has already been established, and there are no further new findings that would warrant further study.

It is the opinion of this reviewer that the repeat outpatient MRI scan is not medically necessary.

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)