

True Decisions Inc.

An Independent Review Organization

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DATE OF REVIEW: DECEMBER 3, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Outpatient MRI of the lumbar with and without contrast; MRI of the bilateral hips with and without contrast; EMG/NCV of the bilateral lower extremities.

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

Board Certified Orthopedic Surgeon

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)

MRI of the Spine is medically necessary
MRI of the hips is not medically necessary
EMG/NCV is not medically necessary

INFORMATION PROVIDED TO THE IRO FOR REVIEW

No ODG Guidelines
Note/exam, 02/05/07
Notes, 02/19/07, 03/27/07 and 10/03/07
Lumbar MRI, 03/03/07
History and physical, 06/18/07
Operative report, 06/18/07
Letter from Dr. 10/01/07
Office note, Dr. 10/20/07

PATIENT CLINICAL HISTORY [SUMMARY]:

This female claimant underwent a lumbar L3-4 and L4-5 laminectomy and bilateral foraminotomies decompression of cauda equina on 06/18/07. The records indicated that the claimant had persistent leg symptoms post surgery. A lumbar MRI and MRI of both hips along with an EMG/ NCS of lower extremities was requested.

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

Outpatient MRI of the lumbar spine with and without contrast does appear to be reasonable and appropriate. This is a postsurgical spine that underwent on 06/18/07 L3-4 and L4-5 laminectomy, bilateral foraminotomies, and decompression of the cauda equina. There were no documented postoperative problems. She has been treated with Vicodin and Soma. There is no documentation of physical therapy, activity modification, and the neurologic examination is intact. Advanced radiographs of the lumbar spine including flexion and extension shows disc space height is mildly narrowed at L4-5 and L5-S1, but there is no abnormal translation or rotation seen on flexion and extension views. Based upon this, I do think that this MRI is appropriate and reasonable in this postsurgical spine with and without contrast to assess for a recurrent disc herniation or problems.

MRI of the bilateral hips with and without contrast is not reasonable and appropriate. There has been no plain imaging of the hips. Upon evaluation there has been no documented examination of the hips, and as such, it is not reasonable and appropriate to undertake hip MRIs without this.

Electromyogram/nerve conduction studies of the lower extremities do not appear to be appropriate and necessary, as there are no neurologic deficits on clinical examination. An MRI has been ordered and is pending. Therefore, the Reviewer does not think it is reasonable and appropriate.

Official Disability Guidelines Treatment in Worker's Comp 2007 Updates, Low Back :
Indications for imaging -- Magnetic resonance imaging:

- Thoracic spine trauma: with neurological deficit
- Lumbar spine trauma: trauma, neurological deficit
- Lumbar spine trauma: seat belt (chance) fracture (If focal, radicular findings or other neurologic deficit)
- Uncomplicated low back pain, suspicion of cancer, infection
- Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. (For unequivocal evidence of radiculopathy, see AMA Guides, 5th Edition, page 382-383.)
- Uncomplicated low back pain, prior lumbar surgery
- Uncomplicated low back pain, cauda equina syndrome
- Myelopathy (neurological deficit related to the spinal cord), traumatic
- Myelopathy, painful
- Myelopathy, sudden onset
- Myelopathy, stepwise progressive
- Myelopathy, slowly progressive
- Myelopathy, infectious disease patient
- Myelopathy, oncology patient

EMGs (electromyography)

Recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. ([Bigos, 1999](#)) ([Ortiz-Corredor, 2003](#)) ([Haig, 2005](#)) No correlation was found between intraoperative EMG findings and immediate postoperative pain, but intraoperative spinal cord monitoring is becoming more common and there may be benefit in surgery with major corrective anatomic intervention like fracture or scoliosis or fusion where there is significant stenosis. ([Dimopoulos, 2004](#)) EMG's may be required by the AMA Guides for an impairment rating of radiculopathy. ([AMA, 2001](#)) (Note: Needle EMG and H-reflex tests are recommended, but Surface EMG and F-wave tests are not very specific and therefore are not recommended. See [Surface](#)

Official Disability Guidelines Treatment in Worker's Comp 2007 Updates, Hip and Pelvis: MRI.

Recommended as indicated below. MRI is both highly sensitive and specific for the detection of many abnormalities involving the hip or surrounding soft tissues and should in general be the first imaging technique employed following plain films. (American, 2003) (Chana, 2005) (Brigham, 2003) (Stevens, 2003) (Colorado, 2001) (Wild, 2002) (Verhaegen, 1999)

Indications for imaging -- Magnetic resonance imaging:

Osseous, articular or soft-tissue abnormalities

Osteonecrosis

Occult acute and stress fracture

Acute and chronic soft-tissue injuries

Tumors

Exceptions for MRI

Suspected osteoid osteoma (See CT)

Labral tears (use MR arthrography)

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)**