

P-IRO Inc.

An Independent Review Organization

835 E. Lamar Blvd., #394

Arlington, TX 76011

Phone: 817-274-0868

Fax: 866-328-3894

DATE OF REVIEW: JULY 4, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Repeat lumbar MRI

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)

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

Office note of Dr. 06/29/06, 04/11/07

Office note of Dr. 04/04/07

Utilization review 04/19/07

Letter of appeal from Dr. 05/03/07

Utilization review 05/23/07

PATIENT CLINICAL HISTORY [SUMMARY]:

This male injured his low back when he was lifting computers. On 06/29/06 the claimant was evaluated by Dr. who noted that conservative treatment had consisted of physical

therapy, hydrocodone, Lyrica and two epidural steroid injections with temporary relief. The claimant complained of pain the right buttock, posterior thigh, posterior calf, lateral aspect of the foot and occasionally the anterior thigh. Reflexes were unremarkable. The claimant had diminished pinprick on the right anterior thigh, lateral calf, medial calf, dorsum of foot and lateral foot. He complained of leg symptoms at 30 degrees with straight leg raise. He had two positive Waddell signs. An EMG of 11/05 was positive for right L5 radiculopathy. Per Dr.'s notes, an MRI of 09/20/05 reportedly revealed a herniated disc at L3-4, foraminal disc with annular tear. The diagnosis was right lumbar radiculopathy. Dr. recommended a repeat MRI in order to make further treatment decisions with regard to the possibility of surgical management.

The next evaluation from Dr. was on 04/11/07. He noted that the claimant was last seen on 08/29/06. At that time the claimant was considering surgery, but had to delay due to complications from thyroid surgery that occurred about the same time. Dr. noted that the claimant had pain in the right buttock and posterior thigh with numbness toward the great toe. On examination heel and toe walking were unremarkable. Left calf circumference was greater than the right by 1.5 cm. Right extensor hallicus longus and dorsiflexion strength was 4/5. The claimant had diminished pinprick in the dorsolateral aspect of his right foot. Dr. indicated that an MRI of 07/19/06 revealed central and intraforaminal disc herniation of the right L4-5. The diagnosis was right leg sciatica, L5 distribution with documented disc herniation on previous MRI. The claimant wanted to proceed with surgery and Dr. recommended a repeat MRI.

The repeat study was denied on peer review and has been appealed.

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

A repeat MRI is medically necessary.

On overview, it is important to note that conservative care has now been considered failed in the management of this claimant's symptoms. He has been using Norco and Lyrica. He has been treated with epidural steroid injections which provided only temporary relief. The weakness of dorsiflexion and extensor hallicus weakness of April 2007 would appear to be different than the examination of June 2006. It is also concerning that the MRI of September 2005 suggested a disc herniation at L3-4 whereas the MRI of July 2006 revealed a disc herniation at L4-5. As such, there would appear to be some difference in the interpretations of these studies. The radiologist's interpretations are not available and this information is gleaned from the notes of Dr..

At this time, it appears that this claimant desires surgical care with the failure of non-surgical management including time, multiple medications, and epidural steroids. The consideration of surgical care with this failure of conservative care is appropriate. The Reviewer's medical assessment is that it is important to note that the most recent imaging study in this case is now one year old and that it would be important to know the status of any disc herniation. Sometimes disc herniations resorb which would indicate that surgical care might not be needed. Any enlargement or migration of any free fragment would be very important to identify for purposes of preoperative planning. On the basis of all of the above, the Reviewer would recommend the repeated lumbar

MRI as medically necessary at this time. This claimant has indeed had an injury to the low back. This claimant has a neurologic deficit. He is now considering surgery. The anatomic status of his spine at this time is unknown as his last imaging study was one year ago. Therefore, the Reviewer would agree with the treating physician in this case that a repeated MRI would be prudent prior to surgical intervention.

Official Disability Guidelines Treatment in Worker's Comp 2007 Updates; Low Back: MRI: Repeat MRI's are indicated only if there has been progression of neurologic deficit.

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

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)**