

SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.
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DATE OF REVIEW: July 18, 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:

Diplomate, American Board of Internal Medicine; American College of Occupational and Environmental Medicine

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

Medical records from the Provider include:

- M.D., P.A., 05/10/07, 06/11/07, 06/11/07
- L.P., 05/20/07

- Dr., 05/10/07, 06/11/07
- M.D., 05/21/07, 06/04/07

Medical records from the URA include:

- Therapy, D.C., 03/28/02, 03/25/02, 04/01/02, 04/02/02, 04/05/02, 04/06/02, 04/08/02, 04/09/02, 04/11/02, 04/12/02, 04/15/02, 04/17/02, 04/19/02, 04/22/02, 04/24/02, 04/26/02, 04/27/02, 05/01/02, 05/03/02, 05/06/02, 05/08/02, 05/10/02, 05/13/02, 05/15/02, 05/17/02, 05/20/02, 05/24/02, 06/21/02, 06/24/02, 06/25/02, 06/26/02, 07/03/02, 07/05/02, 07/10/02, 07/15/02, 07/17/02, 07/19/02, 07/22/02, 07/29/02, 08/05/02, 08/08/02, 09/02/02, 09/04/02, 09/06/02, 09/08/02, 10/03/02, 11/04/02, 11/22/02, 12/03/02, 01/27/03, 05/06/03, 08/18/03, 08/27/03, 11/07/03, 03/03/04, 03/31/04, 04/05/04, 05/18/04, 08/22/04
- Imaging & Diagnostic, M.D., 04/19/02
- D.O., 05/09/02, 05/31/02, 06/20/02
- Pain & Rehabilitation 03/08/04, 03/03/04, 03/30/04, 05/31/02
- M.D., 05/10/07
- M.D., 05/21/07
- M.D., 06/04/07

PATIENT CLINICAL HISTORY:

The patient is a male who injured his low back. An MRI scan of the lumbar spine revealed disc protrusions eccentric to the left at the L4-5 and L5-S1 levels, with probable impingement on the L5 exiting nerve root and exiting S1 nerve root.

On May 31, 2002, the patient underwent a left L4-5 laminotomy, foraminotomy, and discectomy, and a left L5-S1 laminotomy, foraminotomy, and discectomy.

The patient continued to have persistent pain; however, he was capable of returning to work.

The patient has come under the care of M.D., who opines a history on May 10, 2007 of “The patient apparently is a currently had one surgery for a herniated disc at L4-5 and L5-S1, with radiculopathy at L5-S1. The patient had surgery back in 2002, and currently the patient has changed doctors to myself. Currently, the patient is complaining of lower back pain requesting an MRI. We will determine that in regards to it. There is no neuropathy at present time and at present time is complaining of lower back pain radiating apparently in both of the extremities at the same time. Lower back pain and radiculopathy L5-S1.” No physical examination is performed or documented. There are indications that the patient is requesting an MRI scan. There is no notation of any red flags such as progressive neurologic deficit documented.

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

It appears that a lumbar MRI scan without contrast has been requested and previously refused. I uphold that previous decision-making based on the fact that there is no evidence the patient has evidence of red flags such as cauda equina syndrome, Sani anesthesia, progressive neurologic deficit, nor a suggestion of infection, tumor or fracture. There is no information indicating that the patient has had any specific change in his pain or pain pattern.

Utilizing the current ODG Guidelines, one is referred to page 822. With regard to indications for imaging, the patient does not meet any criteria listed. Additionally, an MRI without contrast would not be an appropriate study in a post surgical 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)**