

P-IRO Inc.

An Independent Review Organization
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DATE OF REVIEW: MAY 31, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Outpatient lumbar MRI with 3-D reconstruction

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

CT scan
Office notes, Dr. 08/22/06, 11/16/06, 01/23/07 and 04/18/07
Notes, Family Practice, 08/23/06, 09/22/06, 12/19/06 and 03/20/07
EMG, 09/19/06
X-ray conference, 09/21/06
Note, 10/04/06
Request for MRI and CT scan, 12/06/06
MRI with contrast, 12/15/06
note, 02/07/07
Note, Nurse Practitioner for Dr., 03/15/07
Patient questionnaire, 11/20/06, 01/23/07, 01/29/07, 03/15/07 and 04/18/07
HEALTH AND WC NETWORK CERTIFICATION & QA 10/1/2007
IRO Decision/Report Template- WC

Health summary, 05/18/07

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female injured when she was moving a pallet and developed low back pain. An L5-S1 anterior lumbar interbody fusion with posterior instrumentation was performed.

On 04/28/06 a lumbar CT showed L1-2 thru L4-5 levels were normal. The L5-S1 anterior lumbar interbody fusion and posterior fixation was noted. The thecal sac was decompressed with no definite compromise of the neural foramina. No loosening of hardware was seen and there was bony incorporation of the interbody cage.

The claimant had been treated by a family practice physician and has been seen by Dr., pain management. On the 08/22/07 visit with Dr. the examination documented decreased sensation to pinprick of left L4 and 5 with limited flexion. Straight leg raise was positive bilaterally. There was a decreased patellar reflex on the left but strength was reported as normal. EMG studies on 09/19/07 documented left greater than right L5 and S1 radiculopathy. AN x-ray conference took place on 09/21/06 and the reviewer's opinion was that the fusion was not solid and there was lucency.

The claimant continued to have low back pain with left leg pain and numbness. Her examinations by Dr. and the family practice provider were unchanged but consistent. On 12/06/06 a request was made for a lumbar MRI and a lumbar CT. The MRI was done on 12/15/06 and showed post operative changes at L5-S1 with the other levels reported as normal.

The lumbar MRI was denied on peer review in 02/07 noting there had been no change in the clinical condition. Dr. requested a 3-D CT scan to assess the fusion on 03/15/07. On that examination the claimant had normal reflexes except the left knee jerk. There was decreased sensation of S1 on the left. Straight leg raise was positive bilaterally for low back pain. On 04/18/07 Dr. indicated that he had not requested a lumbar 3-D MRI but had requested a CT scan.

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

The claimant is a woman who underwent a L5-S1 anterior lumbar interbody fusion procedure. She underwent a CT scan that showed good position with incorporation of the bone cage. She has been under the care of Dr. with back and radicular leg complaints and has undergone a EMG documenting left greater than right L5 and S1 radiculopathy. On 09/21/06 there is an x-ray conference note indicating the CT scan shows lucency through the fusion mass and then there's an documenting left sided radicular changes. She has had a MRI documenting post-operative changes and it appears that a request by Dr. as documented on his 04/18/07 office note was put in for a CT scan with 3-D reconstruction which would allow the physician to assess bony healing, bony position and any post-operative osteophytes which might be impinging on the descending nerve roots. The Reviewer have been asked to address the medical necessity for a 3 D Lumbar MRI for this review. The Reviewer is not aware of that type

of test since all MRIs are essentially 3-D reconstructions. Therefore the request for a 3D MRI would not be medically necessary for this claimant as it would not allow the physician to assess bony healing, bony position and any impinging post-operative osteophytes.

Official Disability Guidelines Fifth Edition Treatment in Worker's Comp 2007 Update, Low Back

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
 - Official Disability Guidelines Fifth Edition Treatment in Worker's Comp 2007 Update, Low Back
- 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)**