

# CompPartners

**DATE OF REVIEW:** 5/01/07

**IR CASE #:**            **NAME:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Determine the medical appropriateness of the previously denied repeat MRI of the lumbar spine without contrast, then with contrast.

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

Texas Licensed Chiropractor and is also currently listed on the TDI/DWC ADL list.

**REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- |   |                                  |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Upheld    | (Agree)                          |
| <input type="checkbox"/> Overturned           | (Disagree)                       |
| <input type="checkbox"/> Partially Overturned | (Agree in part/Disagree in part) |

[Check only one of the boxes above.]

Previously denied repeat MRI of the lumbar spine without contrast, then with contrast.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- **Fax Cover Sheets/Comments/Notes/Authorization Requests dated 3/19/07, 3/14/07, 2 pages.**
- **Confirmation of Receipt of a Request for a Review by an Independent Review Organization (IRO dated 3/13/07, 1 page.**
- **Prospective/Concurrent Review Determination dated 2/12/07, 3 pages.**
- **Request Form Request for a Review by an Independent Review Organization dated 3/13/07, 3 pages.**
- **IRO Request Form dated 3/13/07, 4 pages.**

- Notice to of Case Assignment dated 4/3/07, 1 page.
- Cover Letter dated 3/19/07, 1 page.
- Notice to Utilization Review Agent of Assignment of Independent Review Organization dated 3/14/07, 1 page.
- Consultation Report dated 8/21/06, 2 pages.
- Pre-Operative Visit Report dated 9/18/06, 1 page.
- Operative Report dated 10/12/06, 2 pages.
- Follow-Up Progress Note dated 2/2/07, 1/19/07, 12/28/06, 12/14/06, 11/29/06, 5 pages.
- Range of Motion Evaluation Note dated 2/2/07, 1 page.
- Health Care Providers List (unspecified date), 1 page.
- Functional Capacity Evaluation Report dated 1/23/07 and 1/30/07, 4 pages.
- Strength Factor/Lifting/Carrying/Pushing/Pulling or Otherwise Moving Objects dated 1/23/07 and 1/30/07, 3 pages.
- New Patient Visit Report dated 2/5/07, 2 pages.
- Official Disability Guidelines 2007 (Lumbar Spine), (unspecified date), 1 page.

**INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:**

**Patient's age:**

**Gender:** Female

**Date of Injury:**

**Mechanism of injury:** While working she had a seat back that snapped and broke, causing her to fall backwards, injuring her back.

**Diagnoses:**

Thoracic or lumbosacral neuritis or radiculitis unspecified and post lumbar L5-S1 hemi-laminectomy, decompression of the left L5 nerve root, discectomy at L5-S1 and foraminotomy at L5-S1.

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

The claimant is now nearing approximately post injury status, and is now nearing months post lumbar L5-S1 hemi-laminectomy, decompression of the left L5 nerve root, discectomy at L5-S1 and foraminotomy at L5-S1, which occurred. A previous denial for the requested repeat lumbar spine MRI study was indicated for this claimant, due to the fact that the claimant does not meet the criteria indicated in the ODG, 11th edition for a repeat lumbar MRI study due to she had no progressive neurological deficits. Reference was made to the follow progress note, dated 2/2/07, from her chiropractor, who was performing the post operative rehab. He noted that she was working 8 hours a days and that she had completed her course of post operative lumbar physical therapy with some residual pain complaints. He recommends a lumbar MRI with contrast be performed to determine if there was any granulation tissue around the surgical site that may be causing her continued pain. He noted that she had a well healed scar, as well as hypoesthesia noted in the left SI dermatome with no motor deficits or hyperreflexia in the lower

extremities. She had a left straight leg raise, which provoked radiating pain into the left leg to the gluteal fold. There was a Functional Capacity Evaluation (FCE), dated 1/23/07 and 1/30/07, with noted inconsistencies with pain complaints being consistent with “pain behaviors”. She had 5/5 strength noted in the lower extremities and lumbar muscles. She had decreased sensation at the left 4th and 5th toes, which was constant and occasionally of the middle toe. The patient was referred to, who indicated that post surgery the claimant still had pain rated 2/10; however, she had improved with regard to the pain in the back and left leg and she no longer had shooting pain down the left leg. She was referred to him for some medications. She is 5’4” tall and weighs 210 pounds, has high blood pressure that’s controlled by medications. On exam, she had symmetric reflexes of the knee and ankles and negative seated root test without weakness. He was given Ambien and increased her dose of Ultram. The current request is to determine the dispute resolution and medical necessity for a repeat MRI of the lumbar spine without and then with contrast. The medical necessity for this request is not found within the provided documentation and references. The ODG, 11th edition web based version regarding lumbar spine MRI studies specifically indicates that “Repeat MRI’s are indicated only if there has been progression of neurologic deficit.” The available documentation reflects that the patient had improved with the surgery, had improved with the post operative physical therapy provided her, had returned to work at 8 hour a day and no longer had the left leg shooting pain problem she had prior to surgery, and had 5/5 muscle strength noted in the lower extremities. Lastly, there was some evidence of pain behavior noted on the FCE. Therefore, overall, this claimant does not have documented evidence of progressing objective clinical neurological deficits indicated and, therefore, this dispute resolution would uphold the denial at this time for the requested lumbar spine MRI study.

**If applicable this section should include the following:**

- Specific basis for divergence from the Division of Workers’ Compensation (DWC) policies or guidelines adopted under Labor Code §143.011.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

[Check any of the following that were used in the course of this review.]

- 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.
- X** ODG – OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES.
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR.
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE AND PRACTICE PARAMETERS.
- TEXAS TACADA GUIDELINES.
- TMF SCREENING CRITERIA MANUAL.
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION).
- X** OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION).

ODG, 11th edition, web based version regarding lumbar spine and MRI criteria MRI's (magnetic resonance imaging) Recommended for indications below. MRI's are test of choice for patients with prior back surgery. Repeat MRI's are indicated only if there has been progression of neurologic deficit. (Bigos, 1999) (Mullin, 2000) (ACR, 2000) (AAN, 1994) (Aetna, 2004) (Airaksinen, 2006) Magnetic resonance imaging has also become the mainstay in the evaluation of myelopathy. An important limitation of magnetic resonance imaging in the diagnosis of myelopathy is its high sensitivity. The ease with which the study depicts expansion and compression of the spinal cord in the myelopathic patient may lead to false positive examinations and inappropriately aggressive therapy if findings are interpreted incorrectly. (Seidenwurm, 2000) There is controversy over whether they result in higher costs compared to X-rays including all the treatment that continues after the more sensitive MRI reveals the usual insignificant disc bulges and herniations. (Jarvik-JAMA, 2003) In addition, the sensitivities of the only significant MRI parameters, disc height narrowing and anular tears, are poor, and these findings alone are of limited clinical importance. (Videman, 2003) Imaging studies are used most practically as confirmation studies once a working diagnosis is determined. MRI, although excellent at defining tumor, infection, and nerve compression, can be too sensitive with regard to degenerative disease findings and commonly displays pathology that is not responsible for the patient's symptoms. With low back pain, clinical judgment

begins and ends with an understanding of a patient's life and circumstances as much as with their specific spinal pathology. (Carragee, 2004) See also ACR Appropriateness Criteria™. See also Standing MRI. 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.) (Andersson, 2000) - 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

**CompPartners, Inc. hereby certifies that the reviewing physician or provider has certified that no known conflicts of interest exist between that provider and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for the decision before the referral to CompPartners, Inc.**