

Clear Resolutions Inc.

An Independent Review Organization
3616 Far West Blvd. Suite 337-117
Austin, TX 7831

DATE OF REVIEW:

MAY 14, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

MRI of the lumbar spine

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

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 notes, 10/23/06, 11/20/06, 02/15/07 and 03/07/07
Work status report, 12/20/06
Lumbar spine MRI, 01/20/06
Request for authorization, 02/20/07
Initial review, 02/26/07
Re-submit pre-authorization for lumbar MRI, 02/28/07
Appeal, 03/02/07
Request for Independent Review, 03/12/07
IRO request, 04/16/07

PATIENT CLINICAL HISTORY [SUMMARY]:

The Patient is a female with a reported work injury date of xx/xx/xx attributed to a forklift accident. She complained of low back pain with radiation down the legs. An MRI of the

lumbar spine on 01/20/06 showed a posterior annular tear at L5-S1 with associated 2-3 millimeter disc protrusion and a disc bulge at L4-5. No nerve root compression or spinal canal stenosis was noted. She treated with activity modification, medications, physical therapy and two epidural steroid injections without significant benefit. On 02/15/07 the Patient complained of continued pain with some radiation down the legs, the inability to exercise, and chronic stress due to worsening pain. A diagnosis of low back pain with radiculopathy was noted and a request was made for a repeat lumbar MRI. On 03/07/07 complaints of even minimal activity increasing the low back pain was noted.

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

A lumbar MRI is not recommended as being medically necessary at this time. The Patient has no objective findings on physical examination that might support the request for a lumbar MRI such as radicular pain in a true dermatomal pattern and/or focal neurological deficit. There has been no documentation of increasing or progressive weakness, atrophy or other symptoms indicating the presence of a neurocompressive etiology. This Patient's objective findings on recent physical examination are not documented, and she has been released to work full duty without restrictions. Previous MRI findings included disc bulging and protrusions with no evidence of the presence of any neurocompressive lesion. A normal progression of the degenerative process would be anticipated but there is no surgery that would be indicated to address the degenerative process. The Official Disability Guidelines indicate that a repeat MRI is "indicated only if there has been progression of neurologic deficit" and that an MRI "can be too sensitive with regard to degenerative disease findings and commonly displays pathology that is not responsible for the patient's symptoms." According to ACOEM Guidelines, "unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." As such, obtaining a repeat lumbar MRI is not likely to change this Patient's clinical course or treatment in any significant way and is not recommended as a medical necessity at this time.

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 KNOWLEDGBASE

ACOEM guidelines, Chapter 12, pages 303-304.

"Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option."

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, ODG Treatment in Workers' Comp 2007. Procedure Summary – Low Back.

“MRI: Repeat MRIs are indicated only if there has been progression of neurologic deficit. 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.

Indications:

- Lumbar spine trauma: trauma, neurological deficit
- Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit
- Myelopathy, painful
- Myelopathy, slowly progressive”

- 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)**