



Specialty Independent Review Organization

DATE OF REVIEW: 9/13/2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of an MRI of the lumbar spine with and without contrast.

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

The reviewer is a Medical Doctor who is board certified in Physical Medicine and Rehabilitation with greater than 10 years of experience.

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)

The reviewer disagrees with the previous adverse determination regarding the prospective medical necessity of an MRI of the lumbar spine with and without contrast.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:
Dr. and Inc.

These records consist of the following:

TDI 8/29/07

UR 7/12/07, 7/11/07, denial of request for MRI, 7/31/07 denial of MRI
Md peer review at request of insurer, undated report, reflecting
multiple work related injuries to the lower extremities

MD 8/2/07 letter for medical dispute resolution, 7/12/07

MD electrodiagnostic study report 7/6/00, right L5 and S1
radiculopathy, absent right sural response

Center 7/9/07 documenting 4/5 strength in right EHL (right

L5 myotome), normal sensation, history of hypothyroidism

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient was injured when falling on steps while on the job. She was recently managed with a transforaminal lumbar ESI on the right on 3/27/07 with the same previous treatment on 12/06 and 12/05. Documentation indicates that a right L3, 4 sympathetic block on 5/22/07 was not beneficial. No documentation was provided of a previous lumbar MRI or CT obtained prior to the anesthetic blocks.

There is documentation that the patient had thyroid dysfunction. Electrodiagnostic studies on 7/6/00 reveal an absent right sural response which may be observed in early polyneuropathy. The same study suggests right L5 and S1 radiculopathy in that abnormalities in the needle EMG are observed in the right tibialis anterior, medial gastrocnemius, peroneus longus and lower lumbar paraspinal muscles. Abnormalities are also observed in the left medial gastrocnemius and lower lumbar paraspinal musculature. This is consistent with left S1 radiculopathy. The diagnostician interprets this activity as right and left S1 radiculopathy. The reviewer notes that this interpretation is incomplete because the EMG is also consistent with a right L5 radiculopathy and NCS evidence of possible polyneuropathy.

The patient has now shown right L5 radicular symptoms in the form of weakness and dural irritation based upon positive straight leg raise for which a transforaminal ESI has been performed.

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

Indications for imaging per the ODG, “uncomplicated lower back pain with radiculopathy, after at least 1 month of conservative therapy, sooner if severe or progressive neurologic deficit”

In this case, there is evidence of lower back pain with radiculopathy for at least one month of conservative therapy. In this case Dr. documentation of 7/12/07 indicates progressive neurological deficit along the right L5 myotome. He requests ‘another MRI’ from which the reviewer infers that a previous L-MRI has been performed. The results of which were not presented for review by any party. The documentation from Center indicates weakness of the right L5 myotome on 7/9/07.

Previous case reviewers have denied the requested service based upon no clinical documentation of a new clinical finding. The reviewer notes that a previous clinical examination was not provided which makes it difficult to review the patient’s previous presentation and to allow verification of clinical deterioration or stability. Dr.’s peer review report suggests that the patient is polysymptomatic with some functional overlay and it is possible that it would be

difficult to verify pathology based solely upon a clinical examination. Just because someone has functional overlay does not indicate that there is a lack of pathology.

The reviewer therefore recommends authorization of the requested MRI with and without contrast as per the ODG guidelines.

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)