



# PROFESSIONAL ASSOCIATES

## Notice of Independent Review Decision

**DATE OF REVIEW:** 08/21/08

**IRO CASE #:**

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

Repeat lumbar MRI with gadolinium

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

Board Certified in Orthopedic Surgery

**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.

Repeat lumbar MRI with gadolinium - Upheld

**PATIENT CLINICAL HISTORY**

Chiropractic therapy was performed with patient from 09/20/06 through 10/17/06 for a total of nine sessions. Chiropractic therapy was performed with Dr. from 10/24/06 through 03/27/07 for a total of 29 sessions. An MRI of the lumbar spine interpreted by Dr. on 11/03/06 revealed minimal disc bulging at L3-L4. On 11/07/06, Dr. performed bilateral SI joint injections. On 01/05/07, Dr. placed the

patient at Maximum Medical Improvement (MMI) with a 5% whole person impairment rating. An FCE with Mr. xx on 02/13/07 indicated the patient functioned at the light physical demand level. An FCE with Dr. on 05/07/07 revealed the patient functioned at the sedentary physical demand level.

On

05/10/07, Dr. felt the patient was at MMI and required no further treatment. Chiropractic therapy was performed with Dr. from 05/14/07 through 12/07/07 for a total of 23 sessions. Work hardening was performed with Dr. for 10 sessions from 07/16/07 through 07/27/07 and for 10 sessions between 09/04/07 and

09/24/07. On 09/28/07, Dr. refilled Darvocet, Effexor XR, Alprazolam, and Naproxen. On 01/10/08, Ms. requested 20 sessions of a chronic pain management program. On 02/01/08, Dr. also requested 20 sessions of a chronic pain management program. On 02/27/08, Dr. felt the patient was at MMI as of 01/05/07 with a 5% whole person impairment rating. On 04/03/08, an IRO was done and the previous adverse determination was upheld. Another FCE with Dr. on 06/05/08 indicated the patient functioned at the sedentary physical demand level. On 06/23/08, Dr. requested a repeat lumbar MRI and epidural steroid injections (ESIs). On 07/01/08, Dr. wrote a letter of non-authorization for a repeat lumbar MRI. A lumbar ESI was performed by Dr. on 07/07/08. On

07/09/08, Dr. wrote a letter of non-authorization for the repeat MRI. On 07/24/08, Dr. continued to request the repeat lumbar MRI.

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

This woman had a slip and fall, landing on her buttocks. Current medical/scientific information would indicate that an injury could not create a lasting and ongoing situation. There has been no physiologic change to the body as a result of this low energy injury based on the records reviewed. The patient's ongoing symptoms are inexplicable, given the normal MRI that was performed in

2006. The patient at that time had a small non-lateralizing disc bulge, which is

consistent with her age. The patient has received extensive amounts of therapy and her pain complaints are unchanged. There has been no change in her neurological status; Dr.'s examination is essentially normal. In the absence of objective neurological findings (the numbness that he has documented on the examination is known to be physiologic in nature). There is no objective reason to obtain an MRI. Further, the records did not indicate that the patient had undergone surgery and the use of gadolinium is neither reasonable nor necessary. Therefore, the requested repeat lumbar MRI with gadolinium is neither reasonable nor necessary.

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

- X ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE AND KNOWLEDGE BASE**
- 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**
- X 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 & 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)**

The Spine, Simeone and Rothman