

# Clear Resolutions Inc.

An Independent Review Organization  
7301 Ranch Rd 620 N, Suite 155-199  
Austin, TX 78726  
Fax: 512-519-7316

Notice of Independent Review Decision

**DATE OF REVIEW: AUGUST 11, 2008**

**IRO CASE #:**

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

MRI, Lumbar Spine

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

MD, 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.

The reviewer finds that medical necessity does not exist for MRI of the Lumbar Spine.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Adverse Determination Letters, 5/27/08, 6/18/08  
Official Disability Guidelines Treatment in Worker's Comp 2008 Updates; Low Back- MRI  
Radiology Report, 06/02/04  
MRI, 06/02/04  
Dr., MD, 06/24/04, 12/01/05, 04/18/06, 05/18/06, 02/20/07, 03/20/07, 04/19/07,  
08/16/07, 09/27/07, 01/10/08  
Dr., MD, 11/11/05, 07/07/06, 08/18/06, 11/21/06, 06/25/07, 08/23/07, 12/12/07,  
03/14/08, 05/12/08

Progress Notes, 04/04/04, 04/29/03, 06/10/04, 09/23/04, 11/22/04, 05/09/05  
Electrodiagnostic Study, 11/16/07  
Procedure Reports, 12/19/07, 12/21/07  
Letter from Patient, No date

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a xx year-old male injured on xx/xx/xx when a metal gate fell on his head. He underwent a L4-5 laminectomy and fusion on 09/08/93 followed by an anterior interbody fusion on 09/14/93 and in 1994, a C6-7 anterior fusion. Cervical radiographs in June 2004 noted apparent fusion at C6-7. In June 1994, an MRI evaluation of the cervical spine noted C6-7 fusion and a C4-5 disc herniation of two to three millimeters. The patient continued with pain management, and use of medications. In June 2004, Dr. referred to electrodiagnostic findings of right C5 and C7 radiculopathy without a report provided. Dr. referenced electrodiagnostic studies in April 2006 that demonstrated a mild right C5 radiculopathy, but no report was included in the medical records. The patient treated for deep vein thrombosis in the right lower extremity in February 2007. Electrodiagnostic studies completed 11/16/07 showed no evidence of cervical radiculopathy, plexopathy or peripheral disease. The patient continued to have cervical and lumbar tenderness with limited motion and intact reflexes. The patient had an ESI on 12/19/07 without significant improvement and a cervical epidurogram conducted on 12/21/07 was negative for cord impingement. In 2008 the patient continued to experience pain, and used medications including Lidoderm patches. An MRI of the Lumbar Spine has been requested and denied.

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

The claimant is a xx-year-old gentleman with a long history of low back pain. He has undergone a previous lumbar anterior-posterior fusion and continues to have chronic pain. While his medical record documents subjective complaints, there is no clear evidence of objective anatomic abnormality of his lumbar spine or lower extremities. There is no clear indication of a new change in his clinical condition. The ODG guidelines describe the indications for lumbar MRI to include trauma, neurologic deficit, suspicion of cancer or infection, myelopathy, or radiculopathy. None of those appear to be the case in this claimant. Therefore, based on review of this medical record and ODG guidelines, there is no medical necessity for lumbar 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

**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)