

# Parker Healthcare Management Organization, Inc.

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## Notice of Independent Review Decision

**DATE OF REVIEW:** FEBRUARY 18, 2008

**IRO CASE #:**

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

Medical necessity of proposed MRI of the Lumbar spine with and without contrast(72158)

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in orthopedic surgery and is engaged in the full time practice of medicine.

### **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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
724.2/ 722.10/ 728.85	72158		Prosp	1					Upheld

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

TDI-HWCN-Request for an IRO-15 pages

Respondent records- a total of 44 pages of records received to include but not limited to:

TDI Notice of IRO assignment; letters, 12.18.07, 1.14.08; Records, 7.18.06-11.29.07; MRI Lumbar Spine with and without contrast, 7.27.07; Surgical Hospital operative report, 1.22.07; ODG guidelines for Minnesota rules were provided in the URA determination letters

Requestor records- a total of 40 pages of records received to include but not limited to: Records, 7.18.06-11.29.07; MRI Lumbar Spine with and without contrast, 7.27.07; Surgical Hospital operative report, 1.22.07

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient sustained a work related on the job injury. She had a L4-5 lumbar laminectomy and disc excision on 1-27-07 by Dr.. She had resolution of her left leg pain and was placed at MMI in early 2007.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.**

On 7-12-07, the patient reported increased parenthesis in the left leg without specific radiculitis per Dr.. A repeat lumbar MRI was ordered. On 7-27-07 a repeat lumbar MRI was completed which showed a focal left paracentral disc extrusion at L4-5. On 8-2-07 Dr. proposed repeat lumbar surgery.

On 11-29-07, the patient reported symptoms to the left and right lower extremities. However, the right straight leg raise was negative and reflexes were normal. Motor testing was compromised by pain inhibition. Thus, there are no new objective neurologic deficits that would warrant a repeat imaging study. There is known pathology of recurrent disc herniations at L4-5 already. There are no clinical exam findings to suggest another disc level involvement.

Therefore, the repeat MRI with and without contrast does not appear medically necessary. It is determined to uphold the denial.

**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
- XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE  
PARAMETERS

TEXAS TACADA GUIDELINES