



## IMED, INC.

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### Notice of Independent Review Decision

**DATE OF REVIEW:** 02/13/08

**IRO CASE #:**

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

Items in Dispute: MRI spinal canal without, then with contrast.

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

Board Certified Orthopedic Spine Surgeon  
Practicing Neurosurgeon

**REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Denial Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. MRI of the lumbar spine dated 09/30/02.
2. Medical records of Dr. dated 10/24/02 thru 10/08/07.
3. CT myelogram of the lumbar spine dated 02/28/03.
4. Operative report dated 04/11/03.
5. MRI of the lumbar spine dated 07/15/03.
6. Radiographic biomechanical report lumbar spine dated 02/03/04.
7. Medical records of Dr. dated 11/10/04.
8. Medical records of, M.D., dated 01/18/05 thru 02/03/05.
9. MRI of the lumbar spine with and without contrast dated 01/18/05.
10. Treatment records of, D.C., dated 01/28/05 thru 12/19/07.
11. Report of lumbar discography dated 03/01/05.
12. EMG/NCV study dated 10/04/05.
13. Functional Capacity Evaluation dated 07/24/06.
14. Peer review dated 07/23/07.
15. Letters of medical necessity dated 12/19/07.

16. Utilization review report of, D.C., dated 12/27/07.
17. Utilization review , Dr. dated 01/10/08.
18. ***Official Disability Guidelines.***

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

The employee is a xx year old male who was reported to have sustained an injury to his low back on xx/xx/xx. On this date, the employee was employed as a xxxx and was passing buckets of plaster when he developed low back pain.

The employee was initially treated by Dr. on xx/xx/xx and diagnosed with a lumbar strain. He was x-rayed, prescribed oral medications, and returned to work.

The employee subsequently sought care from Dr., D.C., and began to receive treatments with chiropractic modalities, rehabilitative exercises, and he was taken off work.

The employee then received treatment from, D.C.

The employee was referred for MRI of the lumbar spine on 09/30/02. This study reported multilevel internal disc derangement, a right subarticular disc herniation/protrusion, and annular tear at L2-L3 and L3-L4. There was a central disc herniation/protrusion at L4-L5 with significant central spinal canal stenosis. There was a left subarticular disc herniation/protrusion at the L5-S1 level.

The employee was subsequently referred to Dr.. The employee was initially examined by Dr. on 10/24/02. Upon examination, the employee had tenderness in the lumbosacral area. He had limited range of motion. Straight leg was positive at 35 degrees on the right and 55 degrees on the left. Flexion, extension, and lateral rotation produced pain. Extension produced severe excruciating pain over the lumbosacral spine. Deep tendon reflexes were present and equal bilaterally. There was some weakness in the left hamstring muscles with tenderness over the left hamstring muscles. Dr. recommended the employee continue conservative care.

The employee later underwent lumbar myelography on 02/28/03. This study reported degenerative disc disease at L4-L5 and L5-S1 with suggestion of a minimal central disc protrusion at L4-L5 and a possible disc protrusion in the left lateral recess at L5-S1.

The employee was eventually declared refractory to conservative care and was taken to surgery on 04/11/03. At this time, Dr. performed multilevel laminectomies, discectomies, and laminotomies at L4-L5 and L5-S1. Postoperatively, the employee was noted to have continued pain.

The employee was subsequently referred for an MRI of the lumbar spine with and without contrast on 07/15/03. This study reported multilevel internal disc derangement and desiccation. There was an interval hemilaminectomy and facetectomy at L4-L5 and L5-S1 on the left with minimal epidural scarring.

On 02/03/04, the employee underwent a radiographic biomechanical report involving the lumbar spine.

The employee was subsequently seen by Dr. on 11/23/04. Dr. recommended an MRI of the lumbar spine with and without contrast.

This study was performed on 01/18/2005 and reported no evidence of disc herniation or spinal stenosis. There were mild degenerative changes involving the apophyseal joints at the L4-L5 and L5-S1 levels.

When seen in follow-up, Dr. recommended that the employee undergo lumbar discography.

This study performed on 03/01/05 elicited no pain response at L3-L4, L4-L5, or L5-S1. There were advanced degenerative changes with disorganization of the nucleus and disc bulging at L5-S1.

The employee was offered fusion from L3-L4 though L5-S1, which was declined.

The employee was later referred for electrodiagnostics on 10/04/05. This study was negative for any evidence of a neuropathic process.

The employee continued to follow-up with Dr.. These notes indicate that the employee had intermittent pain that waxed and waned.

Clinical notes submitted by Dr. on 11/27/07 did not indicate that the employee had a progression of a neurologic deficit. The employee had tenderness over the lumbar spine. He was reported to have decreased sensory perception about the lower extremities. Manual motor strength was normal in both lower extremities. Reflexes were intact. A request was placed for an MRI of the lumbar spine.

The case was reviewed by, D.C. Dr. noted the employee did not have a progression of neurologic deficits and recommended against a repeat imaging study.

Dr. submitted a letter of appeal and reported that the employee had significant pain rated 7/10 with radicular components affecting the left lower extremity. He reported a sensory loss to both lower extremities and decreased range of motion in the lumbar spine.

The case was subsequently reviewed by Dr. on 01/09/08. Dr. noted that the claim was five years old, and the employee had received extensive treatment.

He noted the undulating symptoms with advanced degenerative disc disease at multiple levels. He noted that an MRI without contrast would have little yield due to previous surgery in the area. He indicated that the request may be appropriate, but it had not been determined that this claimant was a surgical candidate for back pain.

The most recent clinical note dated 01/15/08 indicated that the employee was stable. He continued to experience pain in the low back and was reported to have sensory deficit in the bilateral lower extremities. His motor strength was rated as 5/5. His deep tendon reflexes were intact.

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

The request for MRI of the lumbar spine is not considered medically necessary. I concur with the previous reviewers that the requested imaging study is not supported by the submitted medical documentation. The available medical records indicate that the employee has a longstanding history of low back pain for which he has received both conservative and operative management.

The employee was eventually taken to surgery on 04/11/2003 and underwent decompressions at L4-L5 and L5-S1 on the left. The employee has continued to receive pain management and chiropractic care since this operative intervention. In 2004, the employee underwent a workup by Dr., which included an MRI of the lumbar spine with and without contrast, which showed no evidence of disc herniation or spinal stenosis with mild degenerative changes involving the facet joints at L4-L5 and L5-S1. The employee further underwent lumbar discography at three levels, L3-L4, L4-L5, and L5-S1. This study was negative for concordant pain, and the employee would not be a candidate for a lumbar fusion. The employee's serial physical examinations show a waxing and waning of symptoms. There was no clear evidence of a progressive neurologic deficit. The employee has undergone electrodiagnostic studies on 10/04/05, which showed no evidence of a lower extremity radiculopathy despite subjective reports by the employee.

At this point, given the employee's operative history and previous diagnostics, an MRI of the lumbar spine is most likely not going to provide any significant diagnostic yield; and given that the employee's neurologic status is stable and the employee would not be considered an operative candidate, there would be no indication for this study.

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

**1. ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**