



Notice of Independent Review Decision

DATE OF REVIEW: 1/25/08

IRO CASE #:

NAME:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Determine the appropriateness of the previously denied request for an MRI of the lumbar spine.

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

Texas Licensed 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 previously denied request for an MRI of the lumbar spine.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- Cover Letter dated 1/17/08.
- Notice to Inc. of Case Assignment dated 1/14/08.
- Notice to Utilization Review Agent of Assignment of Independent Review Organization dated 1/14/08.
- Fax Cover Sheet/Explanation of Benefits dated 1/14/08, 9/5/07.

- Company Request for Independent Review Organization dated 1/10/08.
- Confirmation of Receipt of a Request for a Review by an Independent Review Organization (IRO) dated 1/10/08.
- Request for a Review by an Independent Review Organization dated 1/3/08.
- Medical Necessity Letter dated 11/30/07.
- Peer Review Report dated 11/14/07.
- Reconsideration Report dated 11/14/07.
- Notice of Disputed Issues and Refusal to Pay Benefits dated 11/5/07.
- Fax Cover Sheet/Note/Records Review Report dated 10/24/07.
- Pre-Authorization Report dated 10/24/07, 8/21/07.
- Early Compensability Assessment dated 10/9/07.
- Progress Note dated 9/4/07, 8/10/07.
- Physical Therapy Record dated 9/13/07, 9/12/07, 9/11/07, 9/10/07, 9/7/07, 9/5/07, 8/31/07, 8/29/07, 8/27/07, 8/24/07, 8/15/07.
- Lumbar Spine MRI dated 9/5/07.
- Health Insurance Claim Form dated 9/5/07.
- Prescription/Authorization Request dated 8/14/07.
- ODG Treatment Guidelines (unspecified date).

PATIENT CLINICAL HISTORY (SUMMARY):

Age: xx years

Gender: Female

Date of Injury: xx/xx/xx

Mechanism of Injury: Slip and fall on a wet floor.

Diagnosis: Acute lumbar strain, back pain secondary to compression fracture and lumbar disk disease and morbid obesity.

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

This xx-year-old female sustained an injury on July xx/xx/xx, when she slipped on a wet floor. She had been treated conservatively with medication and physical therapy, with ongoing complaints of back pain. Dr. progress notes were reviewed and noted the patient's main complaint was back pain and denied radiating pain. It was noted that the patient did have an MRI performed on September 5, 2007, with the findings from the MRI noting a T12 and L3 compression fracture with T12 being acute, L1-L2 central disk herniation noted and multilevel disk bulging noted. The rationale for upholding the decision was the Official Disability Guidelines, web based, indicate for MRI is supported in uncomplicated low back pain with radiculopathy after at least 1 month of conservative therapy or sooner and severe progressing neurological deficit. The medical records provided for my review, did not support a radiculopathy as

defined by the AMA, 5th Edition guide. Therefore, the MRI would not be indicated.

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

- ACOEM – AMERICAN COLLEGE OF OCCUPATIONAL AND 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.

Official Disability Guidelines, Treatment Index, 5th Edition, 2007, Low back-MRI.

- 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)

- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR.
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE AND 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).