MATUTECH, INC.

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Notice of Independent Review Decision

DATE OF REVIEW: June 9, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Repeat MRI of the lumbar spine, closed

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
The physician providing this review is a physiatrist. The reviewer is national board certified in physical medicine rehabilitation as well as pain medicine. The reviewer is a member of The American Academy of Physical Medicine and Rehabilitation, International Spinal Intervention Society, American Society for Intervention Pain Physicians. The reviewer has been in active practice for 10 years.

REVIEW OUTCOME

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

☒ Overturned (Disagree)

Medical documentation **supports the medical necessity** of Repeat MRI of the lumbar spine, closed.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Inc:

- Office visits (03/10/08 – 04/04/08)
- Utilization reviews (04/08/08 & 04/21/08)

Texas Department of Insurance:

- Utilization reviews (04/08/08 & 04/21/08)

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- Office visits (01/23/08 – 04/04/08)
- Utilization reviews (04/08/08 & 04/21/08)
- DWC PLN-11 (02/26/08 & 04/08/08)

ODG has been utilized for the denials.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a xx-year-old female who injured her lower back on xx/xx/xx, while moving about 50 tubs full of magazines.

Following the injury, the patient was seen by D.C., for low back pain. There was tenderness over the lumbar paraspinal musculature with decreased range of motion (ROM) and positive miner's and straight leg raise (SLR) tests bilaterally. Dr. initiated chiropractic therapy, which lasted for eight weeks. X-rays of the lumbar spine revealed some mild disc height loss at L5-S1, reflecting some degenerative disc disease (DDD).

On February 4, 2008, magnetic resonance imaging (MRI) of the lumbar spine revealed DDD with some disc desiccation at L3-L4 and L5-S1 with some minor disc height loss at L5-S1; some minor facet arthropathy at L4-L5 and L5-S1.

On February 26, 2008, carrier issued a DWC PLN 11 disputing entitlement of medical treatment and disability benefits arising from DDD, disc desiccation, disc height loss, and arthropathy as overall the MRI revealed DDD.

On March 10, 2008, M.D., evaluated the patient for persistent low back pain associated with spasm and tingling into her back. The patient had been tried on Vicodin and Flexeril. Her history was significant for anxiety. She continued to work at a modified duty level without lifting. On examination, there was mild increase in anterior thigh pain with SLR testing bilaterally, tenderness over the lumbar spine particularly at the L5-S1 segment and increased pain with lumbar forward flexion and extension. Dr. reviewed MRI and interpreted that it showed mild facet arthropathy at L4-L5 and L5-S1 with moderate disc height loss and disc protrusion at L5-S1. He discussed treatment options including continuing active exercise program with Dr. or undergoing epidural steroid injection (ESI). Dr. felt that if she continued to have significant pain, repeat imaging study might be considered due to her size and the open MRI picture. He saw no neurologic compromise and no true reason for a surgical indication.

On March 28, 2008, Dr. provided a letter of medical necessity for a repeat lumbar MRI in a closed unit due to lack of clarity inherent with open MRIs and due to the patient's size. On April 8, 2008, A DWC PLN 11 was issued disputing entitlement of medical treatment and disability benefits arising from disc protrusion at L5-S1.

On April 8, 2008, the request for outpatient repeat MRI of the lumbar spine in a closed unit was denied. Rationale: "*The claimant is two and one-half months post injury. The claimant has no radicular pain in a dermatomal pattern and no neurological deficit. The claimant does not meet the criteria for imaging of the lumbar spine. Repeat imaging is recommended only with a progressive neurological deficit. The letter of medical necessity was noted.*"

On April 21, 2008, reconsideration request for repeat MRI of the lumbar spine was denied with the following rationale: "*The claimant is a 5' 7" and 325 pounds, xx-year-old female. She is approximately three months status post trauma. The mechanism of trauma involves lifting and moving 50 pounds mail tubs. An MRI is*

obtained on February 4, 2008. Primary findings include disc desiccation and minor facet arthropathy. Dr. adds moderate disc height loss and L5-S1 protrusion in his interpretation. Dr evaluated the claimant on xx/xx/xx. I am unsure of his specialty. His examination is unremarkable for radiculopathy or neurological deficit. He also concludes that the claimant's MRI is unremarkable for neurological compromise. I note no other recent examination that would suggest a change in the claimant's neurological status."

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

The information reviewed indicates a significant possibility of symptomatic HNP. Previous MRI suggestive of subacute HNP with DDD. Current exam correlates well with HNP. Previous MRI of suboptimal quality given obesity and open MRI. Further investigation is warranted given need for further management such as ESI. A repeat MRI that is closed is reasonable at this time.

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

☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**