



Notice of Independent Review Decision

**DATE OF REVIEW: 5/7/08**

**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 Occupational Medicine Physician.

**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.

**There were no guidelines provided by the URA for this referral.**

**PATIENT CLINICAL HISTORY (SUMMARY):**

**Age:**

**Gender:** Male

**Date of Injury:**

**Mechanism of Injury:** Lifting heavy boxes.

**Diagnosis:** Lumbago

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

This male was involved in a work related injury. Limited information was available about this injury, other than the claimant lifted up 2 heavy boxes weighing 35 pounds and when placing them down, felt a "pop" in his low back. The claimant was placed at maximum medical improvement (MMI) as of 4/16/04. There was a Required Medical Examination (RME) addendum dated 10/31/04 to report dated 11/11/04, indicating that the claimant had been treated with extensive physical therapy, but noted, "There are no significant objective findings on physical examination or MRI study. It is my opinion that there is no objective explanation for the claimant's ongoing complaint of pain. The appropriate treatment at this juncture would be a home exercise program and over the counter analgesics on a PRN basis." The records provided for review indicated that the claimant was seen by Dr. on 2/25/08. The claimant complained of ongoing low back pain with left leg pain as well, but Dr. noted "nothing has changed much since I last saw him on 1/22/08. Mr. continues working, doing his job, and filling his social and domestic obligations." On examination, the claimant had good range of motion (ROM) of the lumbar spine, with a positive straight leg raise (SLR) on the left at 25 degrees (although what response the claimant had to SLR testing was not detailed). There were no focal neurological deficits present. Dr. concluded that "we will await the results of the MRI of the lumbar spine and then discuss further options such as epidural injections once this has been obtained." The initial request for a repeat MRI was not approved. The reviewer noted that there was no change on examination to support the need for a repeat MRI, and noted that the prior MRI (date unknown), had shown no significant pathology. The request was submitted for reconsideration. The second reviewer noted similar observations stating, "there is no indication from the available medical record that the claimant has a progressive neurologic deficit that would warrant a repeat imaging study." No additional clinical information was provided for review. The claimant has been evaluated by an MRI at some time in the past. Per reports, that original lumbar MRI was unremarkable, and did not show significant objective pathology. The claimant's neurological examination did not show significant objective pathology. The Official Disability Guidelines (ODG) recommends a repeat MRI of the lumbar spine when there has been a change in the claimant's neurologic status. However, this was not documented anywhere or supported by the available medical records. In fact, Dr. noted specifically "nothing has changed much since I last saw him on 1/22/08." Therefore, this reviewer is unable to recommend repeating the lumbar spine MRI, as this does not meet ODG clinical criteria. The claimant had a prior MRI and there had been no documented change in clinical or neurological status. The review: "MRI Lumbar - Recommended for indications below. MRI's are test of choice for patients with prior back surgery. Repeat MRI's are indicated only if there has been progression of neurologic deficit." Therefore, the determination for the requested repeat lumbar MRI is being upheld.

**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.
  
- AHCPH – 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.

**X ODG – OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES.**

ODG, Treatment Index, (web), 6<sup>th</sup> Edition, 2008, Integrated Treatment/Disability Duration Guidelines – Low Back – Lumbar and Thoracic (Acute and Chronic)--MRI.

- 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).