

C-IRO, Inc.
An Independent Review Organization
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Austin, TX 78726

Notice of Independent Review Decision

DATE OF REVIEW: MAY 30, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

MRI Lumbar Spine and EMG

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

M.D., neurologist and fellowship trained pain specialist, board certified in Neurology and Pain 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)

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 reviewer finds that medical necessity exists for MRI Lumbar Spine and EMG.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 3/13/08, 4/25/08
ODG Guidelines and Treatment Guidelines
MD, 4/9/08, 2/26/08, 2005
MRI of Lumbar Spine, 9/15/05
EMG/NCS Report, 9/30/08
OP L-Spine, 3 views, 9/16/05
MD, 3/9/06, 11/17/05

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant sustained a work-related injury on xx/xx/xx when she stood up from a chair and twisted and developed severe low back pain. She eventually underwent MRI and underwent conservative treatment with physical therapy and epidural steroid injections, and eventually laminectomy and discectomy at L4/5 which was performed in June 1999. This resulted in significant pain improvement, though she would have occasional flare-ups which responded to epidural steroid injections.

Another flare-up occurred in 2005 that resulted in an updated MRI and EMG study she completed. The pain was at a severity level that limited her activities. She eventually was tried on some Oxy-Contin but did not tolerate this well. She then underwent a series of updated lumbar epidural steroid injections, the last one having been completed on 02/07/06, with the patient following up in early March 2006, reporting "almost complete pain relief." Office notes approximately two years later, however, indicate an obvious return of back and leg pain described as "extremely uncomfortable," interfering with function and with sleep, along with some numbness involving the lateral aspect of the right foot and the bottom of the foot. The claimant is also reporting that the right leg may "give out," though there is no clear measurable weakness on examination. Notes clearly indicate that the return of pain is causing this claimant a "degree of desperation" with pain traveling from the lumbar spine down into the right lower extremity, into the calf, resulting in "marked difficulty ambulating." This has prompted an updated set of studies ordered, including an MRI and EMG studies. These have been denied primarily because of a lack of objective neurological deficiencies on the examinations.

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

It is clear to this reviewer that this claimant has had a marked change in her pain levels when taking her current symptomatology and comparing this to two years ago. She clearly has right-sided lumbar radicular symptomatology that is not only severely painful, but is interfering with ambulation, daily functioning, as well as sleep, and is starting to take some emotional toll as well, according to the notes. There is nothing in the records available that signifies any risk for embellishment or secondary gain, et cetera. Because of the severity of the pain and the associated neurological symptomatology, including numbness in the right lower extremity, and based upon ODG Guidelines, the reviewer finds that it is reasonable to proceed and that medical necessity exists for MRI Lumbar Spine and EMG.

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