Advanced Medical Reviews

ACCREDITED EXTERNAL REVIEW

Notice of Independent Review Decision

DATE OF REVIEW: 11/24/2008
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Lumbar MRI with and without contrast

QUALIFICATIONS OF THE REVIEWER:
This reviewer graduated from University of Maryland School of Medicine and completed training in Orthopaedics at University Hospital at Case Western Reserve. A physicians credentialing verification organization verified the state licenses, board certification and OIG records. This reviewer successfully completed Medical Reviews training by an independent medical review organization. This reviewer has been practicing Orthopaedics since 2004.

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

X Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

Lumbar MRI with and without contrast Upheld

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:
The injured employee is a female who presents with lumbar radiculopathy. The notes indicate that this injured employee continues to have low back pain which radiates into the posterior aspect of the left lower extremity. This pain is associated with numbness and tingling in the same distribution. It is noted that the injured worker will not be able to return to any type of work activity, even sedentary.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.
The injured worker is a female with an initial injury date of xx/xx/xx. She underwent lumbar fusion with instrumentation and subsequent hardware removal. The injured worker has had follow up visits and no new progressive neurologic deficits. She ambulates with a cane and complains of lower extremity weakness.
The last clinic note from 10/6/08 was compared to previously available clinic notes. There was no evidence to support the need for MRI. There are no constitutional symptoms or objective findings to warrant an MRI for other pathology.
According to ODG guidelines, "Repeat MRIs are indicated only if there has been progression of neurologic deficits". Given the lack of objective findings or subjective symptoms of progressive neurologic deficit, the previous denial is upheld. This is supported by the ODG guidelines and lack of medical necessity.

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
X 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
X PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

Semin Ultrasound CT MR. 1993 Dec;14(6):425-36 The postoperative lumbar spine: imaging considerations.Duda JJ Jr, Ross JS.

Acta Radiol Suppl. 1986;369:706-7. Magnetic resonance imaging of the lumbar spine. A comparison with computed tomography and myelography.Pevsner PH, Ondra S, Radcliff W, George E, McDonnell D, Furlow T, Dagi T.