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Notice of Independent Review Decision

DATE OF REVIEW: 10/10/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Repeat lumbar MRI

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

Board Certified in Orthopedic Surgery

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.

Repeat lumbar MRI - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

A letter of medical necessity from an unknown physician (signature was illegible) dated 12/03/95

A life flight dispatch record from dated xx/xx/xx
A emergency center record from an unknown provider (signature was illegible) dated xx/xx/xx
A nursing note from , R.N. dated xx/xx/xx
Laboratory studies dated xx/xx/xx and 03/14/97
CT scans of the cervical spine, abdomen, and pelvis interpreted by , M.D. dated xx/xx/xx
A retrograde urethrogram, cystogram, chest x-ray, pelvic x-ray, cervical x-ray, lumbar spine x-ray, thoracic x-ray, right femur x-ray, and a pelvic CT scan interpreted by Dr. dated xx/xx/xx
A chest x-ray interpreted by Reg , M.D. dated 12/07/06
An evaluation with an unknown provider (signature was illegible) dated 12/09/96
Evaluations with , M.D. dated 12/19/06, 12/26/96, 12/31/96, 01/07/97, 01/09/07, 01/14/97, 01/21/97, 01/28/97, 02/04/97, 02/18/97, 03/04/97, 04/01/97, 04/15/97, 04/29/97, 05/13/97, 05/20/97, 06/03/97, 06/17/97, 07/01/97, 07/02/97, 07/24/97, and 07/29/97
An evaluation with , M.D. dated 12/30/96
Procedure notes from Dr. dated 01/12/97 and 01/22/97
An EMG/NCV study interpreted by M.D. dated 02/25/97
X-rays of the chest interpreted by , M.D. dated 03/13/97
A pathology report interpreted by (no credentials were listed) dated 03/14/97
Evaluations with , M.D. dated 03/14/97 and 03/21/97
An operative report from Dr. dated 03/15/97
An evaluation with , M.D. dated 03/18/97
An MRI of the cervical spine and lumbar spine interpreted by , M.D. dated 04/08/97
Cervical and lumbar myelogram CT scans interpreted by , M.D. dated 05/08/97
Evaluations with , M.D. dated 05/28/97, 06/27/97, and 08/18/97
An evaluation with , M.D. dated 06/11/97
Prescriptions from , D.P.M. dated 06/22/97, 06/11/98, 08/20/98, 09/17/98, 10/26/98, 03/29/99, and 06/22/99
Evaluations with Dr. dated 06/28/97, 07/27/98, 09/21/98, 10/01/98, 10/29/98, 12/03/98, 12/17/08, 01/21/99, 02/01/99, 06/21/99, 08/05/99, 05/27/03, 09/02/03, 09/15/03, and 12/02/03
Evaluations with , Ph.D. dated 08/07/97, 10/01/97, and 11/12/01
An evaluation with , M.D. dated 08/20/97
An evaluation with , M.D. dated 09/22/97
Evaluations with , M.D. dated 11/19/97, 05/05/98, 11/03/98, 11/10/98, 11/15/99, 01/10/02, 06/05/02, and 08/05/02
A letter from , M.D. dated 01/06/98
An evaluation with , M.D. dated 01/09/98
Letters from , A.I.C. at dated 01/29/98, 11/16/98, and 07/18/00
Recommendations sheets from Dr. dated 02/16/98, 03/11/98, 04/28/98, 06/04/98, 07/23/98, 08/17/98, 09/22/98, 10/02/98, 11/09/98, 12/15/08, 02/09/99, 03/30/99, 06/23/99, 09/10/99, 10/24/99, 10/27/99, 12/03/99, and 02/22/00
An evaluation with , M.D. dated 02/16/98
Bone and scrotal scans interpreted by an unknown provider (no name or signature was available) dated 03/05/98

A bilateral testicle ultrasound interpreted by , M.D. dated 03/09/98
An EMG/NCV study interpreted by , M.D. dated 03/26/98
A letter of medical necessity for a cervical discogram from Dr. dated 04/09/98
Letters of denial from dated 04/17/98, 07/06/00, 06/28/02, 06/17/08, and 09/09/08
An evaluation with M.D. dated 05/06/98
Cervical spine x-rays and a cervical discogram CT scan interpreted by Dr. dated 05/21/98
A letter of medical necessity for a lumbar MRI from Dr. dated 06/15/98
An MRI of the lumbar spine interpreted by , M.D. dated 07/10/98
A letter of medical necessity for a lumbar discogram from Dr. dated 08/17/98
A lumbar discogram CT scan interpreted by Dr. dated 09/18/98
A steroid injection study interpreted by Dr. dated 09/18/98
A recommendation form from Dr. dated 09/23/98
An evaluation with M.D. dated 10/14/98
A facsimile report from Dr. dated 10/26/98
A letter from the dated 10/26/98
Patient surgery reservation sheets dated 11/05/98 and 10/25/99
A disclosure and consent form dated 11/09/98
A home health certification and plan of care form from , R.N. dated 11/13/98
A discharge summary from Dr. dated 11/10/98
An inpatient/outpatient admission form from Dr. dated 11/10/98
Operative reports from Dr. dated 11/10/98 and 11/12/99
Pathology reports interpreted by , D.O. dated 11/11/98 and 11/12/99
A team conference call with Dr. and Dr. dated 01/18/99
A letter to Ms. from Dr. dated 02/15/99
Recommendation sheets from Dr. dated 03/30/99, 05/18/99, and 07/12/00
A letter of medical necessity for chronic pain evaluation from Dr. dated 03/31/99
An evaluation with an unknown provider (no name or signature was available) dated 05/05/99
A professional referral slip from the unknown provider dated 06/06/99
An EMG/NCV study interpreted by , M.D. dated 07/09/99
Letters of approval from dated 08/25/99, 09/17/99, 09/28/99, and 02/13/02
A physical therapy assessment an unknown therapist (no name or signature was available) dated 08/30/99
A letter from , M.D., , L.P.C., and , P.T. dated 09/09/99
A letter of medical necessity for left foot surgery from Dr. dated 10/15/99
A letter of non-authorization from Ms. dated 10/22/99
A letter of medical necessity to the INS from Dr. dated 11/11/99
A preoperative chest x-ray interpreted by , M.D. dated 11/11/99
An admitting history and physical from Dr. dated 11/12/99
A discharge summary with Dr. dated 11/12/99
A letter of medical necessity for a CT myelogram from Dr. dated 05/23/00
A letter from Dr. dated 07/12/00
Evaluations with , D.C. dated 09/12/00, 10/10/00, 11/30/00, 02/13/01, 03/13/01, 06/19/01, and 07/17/01
Evaluations with , M.D. dated 09/13/00, 09/27/00, 10/11/00, 10/25/00, 01/17/01, 04/18/01, 06/13/01, 07/11/01, and 08/15/01

Evaluations with , M.D. dated 10/03/00 and 03/19/02
A physical therapy evaluation with , P.T. dated 02/27/01
A mental health evaluation with (no credentials were listed) dated 04/16/01
A psychological report from , Ed.D. dated 05/22/01
Evaluations with , M.D. dated 05/23/01 and 05/24/01
Letters of medical necessity from Dr. dated 07/17/01 and 08/21/01
A letter of medical dispute request from Dr. dated 07/31/01
Evaluations with , M.D. dated 08/08/01 and 05/24/02
DWC-49 forms from Dr. dated 08/14/01 and 10/04/01
A Functional Capacity Evaluation (FCE) with , D.C. dated 08/27/01
A response letter from Dr. dated 10/02/01
A letter of medical necessity for chronic pain treatment from Dr. dated 01/11/02
A letter from at dated 01/18/02
A procedure report from , M.D. dated 02/22/02
An evaluation with Dr. dated 02/27/02
Evaluations with , M.D. dated 03/12/02, 03/13/02, 04/09/02, 05/07/02, 08/27/02, and 09/24/02
A Request for a Benefits Review Conference (BRC) from Ms. dated 03/13/02
A DWC-73 form from Dr. dated 03/13/02
A procedure note from Dr. dated 05/13/02
A letter of medical necessity for a psychological evaluation from Dr. dated 06/05/02
A chronic pain assessment with an unknown provider (no name or signature was available) dated 06/07/02
A physical therapy assessment with an unknown therapist (signature was illegible) dated 06/10/02
A narrative report from Dr. dated 06/12/02
An evaluation with , M.D. dated 07/12/02
A letter of termination as treating doctor from Dr. dated 08/06/02
A SOAP progress note from the unknown therapist dated 08/16/02
SOAP progress notes from , D.C. dated 09/04/02, 09/18/02, 09/19/02, 09/25/02, 10/02/02, 10/09/02, and 10/16/02
A work status report from Dr. dated 10/07/02
SOAP progress notes from , D.C. dated 10/23/02, 11/01/02, 11/06/02, 11/13/02, 11/27/02, 12/04/02, 12/11/02, 12/18/02, 12/30/02, 01/08/03, 01/15/03, 01/22/03, 01/29/03, 02/03/03, 02/12/03, 02/19/03, 02/26/03, 03/05/03, 03/12/03, 03/19/03, 03/26/03, 04/02/03, 04/09/03, 04/16/03, 04/23/03, 04/30/03, 05/14/03, 05/28/03, 06/11/03, 06/25/03, 07/09/03, 07/23/03, 08/06/03, 08/20/03, 09/03/03, 10/01/03, 10/15/03, 10/29/03, 11/19/03, 12/03/03, 12/17/03, 12/31/03, 01/14/04, and 01/28/04
Evaluations with , M.D. dated 06/01/04, 06/22/04, 06/29/04, 07/23/04, 02/09/05, 03/04/05, 06/03/05, 07/19/05, 08/02/05, 08/29/05, 09/19/05, 10/19/05, 11/21/05, 12/22/05, 01/18/06, 02/17/06, 03/08/06, 04/04/05, 05/04/05, 04/05/06, 05/03/06, 05/26/06, 07/03/06, 08/02/06, 09/01/06, 09/29/06, 12/05/06, 01/10/07, 01/24/07, 02/07/07, 02/21/07, 03/07/07, 04/04/07, 05/02/07, 06/04/07, 08/20/07, 09/24/07, 10/24/07, 12/28/07, 03/18/08, 06/09/08, and 09/23/08
An FCE with an unknown provider (no name or signature was available) at , L.L.C. dated 07/16/04

A letter from , Ombudsman for , dated 08/05/04
A letter to Mr. from Dr. dated 09/15/04
A Required Medical Evaluation (RME) with Dr. dated 10/23/06
A medical record review from , M.D. dated 07/19/07
An ODG Review Report from , R.N. at Review Med dated 10/24/07
An evaluation with , M.D. dated 05/22/08
Letters of medical necessity from Dr. dated 06/11/08 and 08/28/08
Medical record reviews from , M.D. dated 07/07/08 and 07/16/08
A medical records release form from the patient dated 08/26/08
A letter of denial from , R.N. at dated 09/08/08

PATIENT CLINICAL HISTORY

The patient presented to on xx/xx/xx following an incident in which he was struck by heavy iron shoring that landed on his right side. On 12/30/96, Dr. recommended a visual evoked potential and MRI of the brain, a possible evaluation with an ophthalmologist, and Zantac. On 01/12/97, Dr. performed an incision and drainage of the right upper thigh. On 02/04/97, Dr. recommended continued crutches, no work, and an evaluation with an urologist. An EMG/NCV study interpreted by Dr. on 02/25/97 revealed bilateral ulnar nerve entrapment at the wrist and mild bilateral C8-T1 radiculopathy. On 03/15/97, Dr. performed bilateral inguinal hernia repairs. An MRI of the lumbar spine on 04/08/97 revealed a 2 mm. disc herniation at L4-L5 with degenerative changes. A cervical MRI interpreted by Dr. on 04/08/97 showed a 2 mm. disc herniation at C6-C7. Cervical and lumbar myelogram CT scans interpreted by Dr. on 05/08/97 showed a left foraminal protrusion at C6-C7 and disc bulges at L4-L5 and L5-S1. On 06/28/97, Dr. requested bilateral foot braces, orthotic devices, extra depth shoes, and an ankle kit. On 08/07/97, Dr. requested 20 sessions of biofeedback and individual therapy. On 01/09/98, Dr. requested an evaluation with an urologist, a neurologist, possible manipulation under anesthesia (MUA), and an EMG/NCV study with continued physical therapy. A bilateral testicle ultrasound interpreted by Dr. on 03/09/98 showed severe atrophy of the right testicle. A cervical discogram interpreted by Dr. on 05/21/98 was abnormal at C3-C4, C5-C6, and C6-C7. A lumbar discogram interpreted by Dr. on 09/18/98 was abnormal at L4-L5. On 11/10/98, Dr. performed a bilateral L4-L5 hemilaminectomy with posterior disc excision. An EMG/NCV study interpreted by Dr. on 07/09/99 showed C6-C7 radiculopathy on the left. A chronic pain program was requested on 08/30/99. On 11/12/99, Dr. performed excision of a Morton's neuroma of the left foot. On 10/03/00, Dr. I requested lumbar and cervical surgery. On 06/13/01, Dr. prescribed Effexor and Vioxx and recommended a psychiatric evaluation. On 10/04/01, Dr. placed the patient at Maximum Medical Improvement (MMI) at that time with a 10% whole person impairment rating. On 02/22/02, Dr. placed a spinal cord stimulator trial. denied a chronic pain management program on 06/28/02. Chiropractic therapy was performed with Dr. from 09/04/02 through 10/16/02 for a total of seven sessions and with Dr. from 10/23/02 through 01/28/04 for a total of 44 sessions. On 05/27/03, Dr. recommended orthotic devices and custom bracing for the feet, as well as continued therapy. The majority of the office notes from Dr. from

2004 through 2008 were handwritten and illegible. On 06/03/05, Dr. prescribed Vicodin ES and Robaxin. On 05/26/06, Dr. recommended an orthopedic evaluation and continued Naprosyn, Vicodin, Xanax, and Robaxin. On 10/23/06, Dr. performed an Independent Medical Evaluation (IME) and recommended replacement of orthotics and felt the patient should have no more than a 10% whole person impairment rating. On 06/17/08 and 09/09/08, denied a repeat lumbar MRI. On 08/28/08, Dr. requested an MRI and EMG/NCV study.

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

The last detailed examination provided is that by Dr. who performed an IME on 10/23/06. He noted the patient had give way weakness and no focal neurological deficits. The patient was noted to be angry and depressed. There is no information in the records provided for review that documents a change in his neurological examination and the current request is for a repeat lumbar MRI. According to the ODG, repeating an MRI is unnecessary unless there is an acute change in the neurological status. Unless an independent observer has noted that the symptom magnification has dissipated and the patient has objective loss on neurological examination, a repeat lumbar MRI is neither reasonable nor necessary. The screening criteria utilized includes the ODG, as well as recent medical research that indicate that in the absence of neurological change, it is unlikely that there has been a change on the MRI. Merely repeating a test because of subjective complaints is neither reasonable nor necessary. Therefore, the previous adverse determinations in regard to the repeat lumbar MRI are upheld.

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 AND KNOWLEDGE BASE
- 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)