

MATUTECH, INC.

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DATE OF REVIEW: October 21, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Magnetic resonance imaging (MRI) of the lumbar spine

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

The physician providing this review is a Doctor of Chiropractic. The reviewer is certified by the National Board of Chiropractic Examiners. The reviewer has been in active practice for 22 years.

REVIEW OUTCOME

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

Upheld (Agree)

Medical documentation **does not support** the medical necessity of Magnetic resonance imaging (MRI) of the lumbar spine

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Texas Department of Insurance

- Utilization reviews (07/25/08 - 09/04/08)

Insurance Company of the State

- Office notes (11/23/03 – 09/24/08)
 - Radiodiagnostics (03/28/03)
 - EMG/NCV (10/29/03)
 - Lumbar ESI (12/23/03)
 - Therapy (04/14/04)
 - Utilization reviews (09/04/08)
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 - Utilization reviews (09/04/08)

ODG guidelines are utilized for denials.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who reported an injury on xx/xx/xx. The patient was moving furniture and developed lower back pain radiating into her lower extremities.

2003: Magnetic resonance imaging (MRI) of the lumbar spine performed on xx/xx/xx, revealed a superimposed small posterocentral broad-based disc protrusion upon a concentric bulge with annular fissuring at L4-L5 minimally indenting the anterior thecal sac; very mild posterior disc bulge at L5-S1 with desiccation; and mild subcutaneous edema in the fat within the lower back. Electromyography/nerve conduction velocity (EMG/NCV) revealed mild, subacute, right lower lumbar radiculopathy.

D.O, assessed lumbar radiculopathy and somatic dysfunction of the lumbar and sacral spine and performed caudal epidural steroid injection (ESI).

2004: A functional capacity evaluation (FCE) placed the patient at a light-medium physical demand level (PDL) which was sufficient for her to work .

2008: On July 16, 2008, the patient presented to D.C., with low back pain that began in June. The patient had been successfully treated with epidurals and PT in the past. Periodic flare-up of low back pain was addressed with occasional Advil and home exercise program. She was also getting routine chiropractic care for her neck and midback. The patient's pain was across the lower back and radiated down both legs and into both thighs and calves and was associated with numbness and tingling. She rated her back pain at 6/10 and leg pain at 5/10. On examination, the sitting root testing on left and Kemp's tests were positive. Lumbar flexion range of motion (ROM) was limited. There was extreme tenderness to touch at the sacroiliac joint bilaterally and also at L5-S1. X-rays revealed slight loss in the disc space at L5-S1. Dr. assessed lumbar intervertebral disc without myelopathy and recommended MRI as chiropractic care did not seem to help.

On July 25, 2008, the MRI of the lumbar spine was non-authorized with the following rationale: *The ODG low back pain chapter lists the following indications for the lumbar MRI: Lumbar spine trauma; neurological deficits, lumbar spine trauma; seat belt (chance) fracture (if focal, radicular findings or other neurological deficits). Uncomplicated low back pain, suspicion of cancer, infection. Uncomplicated low back pain, with radiculopathy, after at least one month conservative therapy, sooner, if severe or progressive neurological deficit. Uncomplicated low back pain, prior lumbar surgery. Uncomplicated low back pain, cauda equina syndrome. There is no evidence that any of these indications are present in this case.*

According to the rebuttal letter of August 13, 2008, Dr. noted the previous denial was based on the on the ODG that the patient had no neurological signs or symptoms. The patient did have dysesthesias, numbness, and tingling down both legs in the S1 dermatomal pattern. The patient had a previous MRI evidence of disc involvement and nerve root involvement as well. The patient had not had a current MRI and she has had the benefit previously of epidurals

and she had done quite well with them. Dr. felt proceeding with that type of treatment without advance imaging could not be possible. He recommended updated MRI so that he could determine the relatedness of the work condition, get her condition resolved, and get the patient back on her normal routine.

On September 4, 2008, reconsideration/appeal for lumbar MRI was denied with the following rationale: *The patient is status post work-related low back injury as of xx/xx/xx. The patient is reported to have been treated with physical therapy (PT), chiropractic therapy, ESIs, and home exercises. The patient presented on July 16, 2008, and was evaluated by Dr. who indicated the patient was able to toe and heel walk and did not demonstrate neurological deficits. There is no reported new trauma. There is no evidence of progressive neurological deficits and as a result, the request for the repeat lumbar MRI is not supported as necessary. The ODG for lumbar MRI criteria: Recommended for indications below. MRIs are test of choice operations with prior back surgery. Repeat MRIs are indicated only if there has been progression of neurological deficit.*

On September 24, 2008, Dr. stated he could not proceed with injections without the MRI, as the previous MRI was several years old and that would really fall outside the standard of care. He further stated the patient had not responded to the conservative treatment and a higher level intervention should be considered.

Per DWC 73 report of September 24, 2008, D.O. released her to full duty work without restrictions.

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

Based on the records submitted, the claimant was evaluated with MRI of the lumbar spine on 03/28/2003 that demonstrated degenerative disc disease at L4/L5 and L5/S1. There was no central canal stenosis and the neural foramina were widely patent at both levels. On 10/29/2003, EMG indicated occasional positive sharp waves in the right lumbar paraspinal muscles without lower extremity involvement. Those findings did NOT support an assessment of lumbar radiculopathy. On 07/16/2008, about xx years after being certified at maximum medical improvement, the claimant presents with lower back pain and subjective complaints involving bilateral lower extremities. Based on the report, the claimant demonstrated left lower extremity findings on sitting straight leg raising test. There was no objective finding of progressive neurological finding as stated in the records. Based on the records reviewed, it is questionable as to the relatedness of current complaints to the 03/13/2003 event. Therefore, based on the records and objective diagnostics in the case, there was no convincing evidence of neurological involvement that would support the requirement for advanced imaging as related to the xx/xx/xx work injury.

Based on ODG web-based treatment parameters, MRI is indicated with lumbar spine trauma (none reported in this case), suspicion of cancer or infection (none reported in this case), objective evidence of radiculopathy (none found in this case), prior lumbar spine surgery (no surgery required in this case), cauda equina syndrome (not demonstrated in this case), or neurological deficit related to the spinal cord (no convincing evidence of neurological deficit in this case).

**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**
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT
GUIDELINES**