



Specialty Independent Review Organization

**Notice of Independent Review Decision**

**DATE OF REVIEW:** 4/21/09

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

The service under dispute is regarding a lumbar MRI with and without contrast.

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

The reviewer is a Medical Doctor with a board certification in Orthopedic Surgery. This physician has been practicing for greater than 10 years.

**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)

The reviewer disagrees with the previous adverse determination regarding all services under review.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Records were received and reviewed from the following parties:

Patient, Dr. , Dr. , and (424 pgs on disk).

These records consist of the following (duplicate records are only listed from one source): Patient: 4/8/09 letter from patient.

Dr. : 2/12/09 hx and physical form and 2/12/09 clinic note by Dr .

Dr. : progress notes 11/23/08 to 3/18/09

: 2/20/09 denial letter, 3/12/09 denial letter, 3/12/09 letter to pt, RME report of 1/30/09 by Dr.

: due to the voluminous number of records the ones concerning the requested service are included in this report. 4/3/09 letter by , 5/17/08 rad report, 8/21/02 CT report, 8/21/02 myelogram report, 11/8/02 multiple radiographic reports, 1/6/03 MRI, multiple radiographic reports from , report from , reports by , notes from , MD, notes from open MRI (pt name is ), notes by MD, notes by , note from , notes from , notes by , MD, notes from notes from College , notes from , notes from , notes by , notes, notes by , notes by . The above notes range from 5/17/02 to 12/20/07. The remainder of the records are from Jan 2008 to the current. 1/14/08 note by Dr. , 1/16/08 to 11/24/08 notes by Dr. , 3/27/08 to 10/2/08 notes by Dr. , notes by from 6/27/08 to 7/3/08, 6/30/08 operative report, 2/18/04 report by MD, 5/19/04 DD report, 1/27/05 DD report, 7/7/05 DD report, 5/12/05 and 5/18/05 clarification report, 2/9/06 RME report, 12/27/06 RME report, 5/17/07 DD report and 1/30/09 RME report.

We did not receive a copy of the ODG Guidelines from Carrier/URA.

#### **PATIENT CLINICAL HISTORY [SUMMARY]:**

This case regards a xx year old male who injured his back while working a . He tackled an escaping prisoner yielding the injury. Patient has had 9 lumbar operations including incision and drainage twice for two separate infections and implantation and removal of epidural stimulators twice. The RME of 1/30/09 indicated a painful patient who was stable and required no further diagnostic tests or treatment. However, two weeks later the patient reported a 6 week history of lumbar pain, left leg/foot pain and right buttock pain when he reported to his neurosurgeon. At this point, the neurosurgeon requested an MRI.

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

This patient has had at least three operations for two different lumbar postoperative infections. In this patient a high index of suspicion for repeat infection and a very low threshold for repeated imaging should be maintained. Waiting for progression of neurologic deficit would be inappropriate as infection could exist which would significantly worsen prior to neurologic deficit progression. This patient also meets the ODG criteria for MRI as noted below.

Uncomplicated low back pain, suspicion of cancer, infection  
Uncomplicated low back pain, prior lumbar surgery

Furthermore, MRI's are test of choice for patients with prior back surgery according to the ODG. Due to the above mentioned indications, this procedure is found to be medically necessary at this time.

#### **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)**