

SENT VIA EMAIL OR FAX ON  
Apr/14/2009

## True Resolutions Inc.

An Independent Review Organization  
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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Apr/14/2009

**IRO CASE #:**

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

Repeat lumbar spine MRI

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

Board Certified Orthopedic Surgeon

**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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

OD Guidelines

IME, Dr. , 06/02/06

Office notes, Dr. , 07/25/06, 09/26/06, 06/19/07, 11/19/07, 04/15/08, 06/05/08

MRI thoracic spine, 10/27/06

Office notes, Dr. , 02/09/07, 02/28/07, 03/26/07

MRI thoracic spine, 07/12/07

MRI lumbar spine, 07/13/07

CT thoracic spine, 05/12/08

RME, Dr. , 08/07/08

Procedure, 07/24/08

Office note, Dr. , 08/13/08, 12/18/08, 02/18/09

SCS, Dr. , 11/10/08

Peer review 11/06/08

ESI, 01/12/09

Office note Dr. , 02/28/09

Peer review, 03/02/09

Dr. , 11/21/06, 02/27/07, 04/23/07, 08/14/07, 02/21/08, 06/14/08, 09/08/08. 10/20/08

## **PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a xx-year-old female with an injury date of xx/xx/xx when she developed pain at work. Initially she was treated for carpal tunnel syndrome and then thoracic and low back pain and a T11-12 fusion.

A 10/27/06 MRI of the thoracic spine showed the prior T11-12 surgery and degenerative disc disease and T4-5 mild degenerative changes or spondylosis. A CT was then undertaken and on 2/28/07 Dr. noted that the CT showed the fusion may or may not be solid but did not recommend further treatment.

The claimant treated in 2007 with Dr. for low back pain and mid back pain with radiation to the left lateral thigh and calf. On examination there was lumbar paraspinal tenderness and tenderness at T11 and the left thoracotomy scar. Straight leg raise caused pain in the left lateral thigh and calf with decreased sensation.

A 07/12/07 MRI of the thoracic spine showed desiccation at T11-12 with endplate changes and mild sclerosis and minimal kyphotic deformity at T10-11. The 07/13/07 MRI of the lumbar spine with and without showed no significant central canal or neural foraminal stenosis. There was mild canal and left neural foraminal stenosis at L4-5 due to a disc bulge with bilateral ligamentum flavum and facet hypertrophy. A disc bulge was seen at L5-S1 with possible contact on the bilateral L5 nerve roots. The claimant continued to treat with Dr. for chest wall, low back, left groin, thigh, and calf pain.

A 05/12/08 CT of the thoracic spine showed the ALIF at T10-11 with increased bridging with some remaining but decreased lucency. Mild degenerative changes were also seen. When the chest wall remained tender nerve root injections were recommended by Dr. . On 07/24/08 the claimant underwent left T 10, 11, and 12 nerve root blocks.

On 08/13/08 Dr. evaluated the claimant. He noted that she had not had shooting pain since the injection but mid back pain had persisted and the "right leg" was unchanged. The examination showed flexion was 40 degrees. Extension and rotation were positive bilaterally, left more than right. There was exquisite left tenderness. Right straight leg raise caused back pain. Lasegue's was positive on the right. She had 4/5 left extensor hallucis longus strength. Numbness left proximal thigh to all toes along L2, 3, 4, 5 and S1. A discogram above and below T10-11 was recommended. This was not certified. Dr. then recommended epidural steroid injection that was given on 01/12/09.

On 02/18/09 Dr. noted that the chief complaint had changed from mid back to the low back. Epidural steroid injection had helped 2 weeks. Flexion was 45 degrees. Lateral bend showed right spasms. Reflexes were intact. Straight leg raise on the left caused low back pain. Strength was 4/5 of the extensor hallucis longus and 4+/5 of the dorsiflexors. There was numbness of the proximal thigh to all 5 toes. Dr. recommended an MRI for possible surgery.

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

The requested repeat lumbar spine MRI would seem reasonable based on the information provided.

The claimant's most recent MRI of the lumbar spine was on 07/13/07. The claimant was later noted in August 2008 to have 5/5 strength in the lower extremities. More recent notes indicate the claimant has diminished strength of both the extensor hallucis longus and the dorsiflexors of the foot. The claimant also has associated symptoms of lower extremity numbness.

It would be reasonable to obtain a new MRI based on the claimant's new neurological

findings.

Official Disability Guidelines Treatment in Worker's Comp 2009 Low Bac

Indications for imaging -- Magnetic resonance imaging:

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION**

ACOEM-AMERICA 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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

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