

SENT VIA EMAIL OR FAX ON
Apr/20/2009

True Resolutions Inc.

An Independent Review Organization
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DATE OF REVIEW:
Apr/13/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Repeat Lumbar MRI w/o contrast

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

Board Certified in Physical Medicine and Rehabilitation
Subspecialty Board Certified in Pain Management
Subspecialty Board Certified in Electrodiagnostic Medicine
Residency Training PMR and ORTHOPAEDIC 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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY SUMMARY

This is a man injured in xxxx. He reportedly had back pain and radicular pain at the time. An MRI on 1/31/07 showed a question of a healed spondylolytic lesion with spondylolithesis, disc bulges and facet hypertrophy at L5/S1 and a large bulge, more to the left at L4/5. There was some central and lateral recess stenosis. There was an L3/4 disc bulge with central narrowing. He had done well until a few months ago when he developed more back pain, but no radicular symptoms. He felt a "clunking." Dr. found local tenderness, but no neurological signs. An xray in January showed discogenic narrowing at L4/5 and L5/S1. Dr. commented about a "mobile" vertebra. The Reviewer is not sure what was meant.

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

The Reviewer is not sure what is causing the clinking, or what is the “mobile vertebra.” The presence of spondylolithesis could be related to degenerative changes, or from the spondylolysis. The latter is a cause of spinal instability and can be recognized on lateral maximum flexion/extension xrays. There is no description of any neurological signs such as atrophy, abnormal reflexes or sensation. There was no description of abnormal straight leg raising (dural tension signs.) There was local tenderness and pain on facet loading.

MRIs have a high rate of false positive. The ODG indicates repeat MRI for “progression on neurological deficits.” While this line is juxtaposed to the imaging post surgery, it is appropriate when applied to the other criteria for an initial MRI in the absence of trauma. Therefore, the Reviewer found none of the ODG criteria applicable in this person based upon the clinical information provided.

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)