

SENT VIA EMAIL OR FAX ON  
Apr/13/2009

## Applied Resolutions LLC

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

**DATE OF REVIEW:**

Apr/09/2009

**IRO CASE #:**

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

MRI of the spine without contrast

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

Reviewer is Board Certified in Family Practice with a CAQ in Sports Medicine

**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

Denial Letters 3/11/09 and 3/18/09

Community Center 3/3/09 and 3/12/09

MRIs 2/6/07 and 4/14/06

Radiology Exam 8/9/06

Family Medicine Note 10/22/08

Dr. 11/23/07

Peer Review 3/9/09 and 3/13/09

**PATIENT CLINICAL HISTORY SUMMARY**

The patient initially sustained an injury to his low back in xx/xxxx when he was pushing a heavy cart of books and felt a jolt in his back. Subsequently, he saw a chiropractor for treatment. When he did not get better he had an MRI that showed "disc extrusions" at L4-5 and L5-S1. Also of note is that the patient had significant preexisting degenerative disease at multiple levels. (This is explained on the more thorough reading of the 8/06 MRI) According to one of the summary notes, he underwent conservative treatment with time off work and

physical therapy. He had 3 subsequent MRIs—which continued to show degenerative disc disease. If one reads the MRI reports carefully, the radiologist who read the second compared it to the first and noted no interval change; he says, “disc herniation is similar to prior study”. Although there are few clinical notes to document the patient’s clinical course and response to specific PT and meds, it is noted that surgery was proposed for this injury in 2007. It is not noted if surgery was ever done and why it was not done. The patient reportedly has continued to have the same symptoms of low back pain and radiculopathy, which have been unchanged over the course of three years and the multiple MRIs.

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

This patient has low back pain secondary to degenerative disc disease and disc herniations. This whole disease process likely occurred over many years of time and the jolt at work set off or worsened his preexisting condition. In the course of treatment the patient has had many MRIs; not all of which would be justified given there was no change in the clinical course or treatment such as surgery. With no new changes in the clinical symptoms since the 8/06 MRI, there is no reason to keep repeating the MRIs. If the patient is seeking a second opinion, then that physician should review the past 4 MRIs and treatment and progress notes as well as the patient’s history before requesting any additional studies.

According to the ODG guidelines, a MRI of the lumbar spine” is often too sensitive with regard to degenerative disc findings and commonly displays pathology that is not responsible for the patient’s symptoms.” Indications for initial MRI are used to rule out serious pathology and to assess those patients with low back pain with radiculopathy who are not responding to conservative treatment. Repeat MRIs are not necessary if there is no change in the low back pain and radicular symptoms. MRI findings do not always correlate with the clinical symptoms and the patient should be treated based on those symptoms, not a scan. This particular patient already has 4 scans to indicate his disease. Clinical correlation of the studies and the patient should be guiding his treatment. At this time, the records do not indicate a clinical reason to keep repeating MRIs

Therefore, the previous adverse determination with respect to the lumbar MRI is upheld.

#### **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)