

Notice of Independent Review Decision

REVIEWER'S REPORT

DATE OF REVIEW: 08/19/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar MRI scan without contrast has been denied as medically unnecessary.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., Board Certified in Orthopedic Surgery

REVIEW OUTCOME:

Upon independent review, I find that the previous adverse determination or determinations should be :

- Upheld (Agree)
 Overturned (Disagree)
 Partially Overturned (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
722.10	72148		Prosp.						Overturn

INFORMATION PROVIDED FOR REVIEW:

1. TDI case assignment
2. Letters of denial, 06/15/09 and 07/14/09 including criteria used in the denial
3. Injured worker's correspondence, 07/03/09 and 07/18/09
4. Orthopedic evaluation, 05/28/09 and 06/30/09

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient has a lumbar disc herniation at L5/S1 with chronic radiculopathy received in a work-related accident in xxxx. Surgical decompression was recommended back in 2002 after he failed conservative management. The patient elected to forego surgery at that point. The patient is more symptomatic at this time and is considering surgery. The treating spine surgeons have requested a new MRI scan to see if there are other areas of degeneration of the lumbar spine that could be contributing to his low back pain and leg pain. This has been denied by the insurance company as medically unnecessary.

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

Although the patient has not had a progressive neurological deficit, there has been progression of the pain. The patient has had discography in the past that showed concordant pain at L5/S1, and therefore there is also disc dysfunction. An MRI scan would be good at evaluating this, as well as evidence of progressive stenosis as this condition is degenerative in nature, and almost seven years have passed since the original injury. Since the patient is being considered for surgery, a new MRI scan would be very helpful and medically reasonable and necessary in this case.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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.

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- European Guidelines for Management of Chronic Low Back Pain.
 - Interqual Criteria.
 - Medical judgment, 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 national accepted medical literature (provide a description).
 - Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)
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