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Notice of Independent Review Decision

DATE OF REVIEW: August 7, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

MRI lumbar spine with contrast

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

Fellow American Academy of Physical Medicine and Rehabilitation

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

X Overturned (Disagree)

Medical documentation **supports** the medical necessity of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI

- Utilization reviews (05/15/09, 06/02/09)
- Utilization reviews (05/15/09, 06/02/09)
- Office visits (07/15/97 – 06/23/09)

ODG criteria have been utilized for the denials.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who injured his lower back as a result of heavy and repetitive lifting at work on xx/xx/xxxx.

On July 15, 1997, M.D., an orthopedic surgeon, evaluated the patient for continuous right buttock pain radiating into the right posterior thigh and calf. The patient was not working for the past two weeks and had a previous work-related low back injury in xxxx with secondary right leg pain for which he had undergone surgical treatment and had made a full recovery. The patient also had minor complaints regarding bowel and bladder dysfunction and had seen a physical therapist and had started an active exercise program. He was utilizing Relafen and Ultram. Examination revealed an antalgic gait. X-rays of the pelvis were

unremarkable. Dr. diagnosed spondylogenic lumbosacral spine pain associated with right lower extremity radiculopathy of undetermined etiology; prescribed Ultram, muscle relaxant, anti-inflammatories; and recommended activity modification.

In September, Dr. noted the patient was status post decompression of the right L4-L5 and was improving. He had only minimal right buttock discomfort. Lodine was discontinued and the patient was recommended a walking program.

In May 2001, Dr. noted the patient had only right buttock pain. He was utilizing Celebrex, cyclobenzaprine, Ambien, and Ultram; was working; and had reached maximum medical improvement (MMI).

In April 2009, Dr. noted recurrent right posterior thigh and calf pain associated with numbness. Examination revealed positive hidden straight leg raise (SLR) bilaterally. Dr. believed the patient most likely had a recurrent lumbar disc herniation, prescribed hydrocodone, and recommended a lumbar magnetic resonance imaging (MRI).

On May 15, 2009, the request for MRI of the lumbar spine was denied by M.D., a physical medicine and rehabilitation specialist, with the following rationale: *"Based upon the available documentation and the Official Disability Guidelines (ODG), I respectfully did not recommend the request for MRI lumbar spine with contrast to be reasonable or medically necessary. There are no acute focal neurological deficits, no ROM loss reported, and no spasms. Not supported by guidelines."*

Dr. noted persistent and unimproved right posterior thigh and calf pain. The patient was utilizing six tablets of hydrocodone per day. Dr. issued a letter after noting that the MRI had been denied based on the fact that the patient had not been started in a home exercise program (HEP) and that the examination was negative for objective abnormal examination findings. He opined the patient clinically had a recurrent disc herniation with objective abnormal physical findings including a positive hidden SLR. Without an appropriate diagnosis, there was no basis to recommend any specific treatment including home exercises that would likely aggravate the symptoms.

On June 2, 2009, M.D., an orthopedic surgeon, denied the reconsideration of MRI of the lumbar spine with contrast with the following rationale: *"Without the benefit of peer discussion I cannot recommend the repeat MRI as medically indicated and necessary at this time. There was no evidence of progressive neurologic deficits, no evidence of motion segment instability, no x-rays or plain radiographs to confirm, and it was unclear if the patient had had any conservative care with anti-inflammatory medications, physical therapy (PT), a HEP, or oral steroids. Based on the above issues and without the benefit of peer to peer discussion, consistent with evidenced based literature, and ODG guidelines I just cannot recommend the proposed appeal of the MRI as medically indicated and necessary at this time."*

In June, Dr. noted recurrent and an unimproved right leg pain. The patient was utilizing hydrocodone. On June 23, 2009, Dr. noted persistent right leg pain. He prescribed ibuprofen and continued hydrocodone, and referred the patient to a

physical therapist for passive treatment and supervised exercises and to a pain management specialist for continued use of the medications.

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

Based on the medical records there does appear to be progressive neurologic problems as Dr. noted recurrent right posterior thigh and calf pain associated with numbness. Examination revealed positive hidden straight leg raise (SLR) bilaterally. With these findings and condition the request for a repeat MRI is reasonable. In addition, I have no information that there has been a recent MRI.

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

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES