

SENT VIA EMAIL OR FAX ON
Aug/04/2009

Applied Resolutions LLC

An Independent Review Organization
1124 N Fielder Rd, #179
Arlington, TX 76012
Phone: (512) 772-1863
Fax: (512) 853-4329
Email: manager@applied-resolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Aug/03/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

MRI of the cervical and lumbar spine

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

Dr. Office Records: 05/09/08; 06/02/08; 06/23/08; 09/03/08; 11/19/08; 11/26/08; 05/15/09

MRI Lumbar Spine: 06/18/09

Dr. Office Records: 06/25/09

Peer Reviews: 07/01/09 & 07/14/09

PATIENT CLINICAL HISTORY SUMMARY

This male sustained multiple injuries on xx/xx/xx when she fell after her ankle rolled and gave way and she landed on leg after her knee buckled. The claimant was initially diagnosed with a right ankle sprain and right knee contusion with normal x-rays findings. The claimant was treated conservatively with bracing, rest, oral steroids, anti-inflammatories, analgesics, and physical therapy. The claimant reported continued significant low back pain that radiated down her right leg to her foot and muscle relaxants were prescribed. A lumbar MRI performed on 06/18/09 revealed L4-5 and L5-S1 disc herniations. A diagnosis of lumbar herniated nucleus pulposus and right lower extremity radiculopathy was made and the claimant was referred for epidural steroid injections. Documentation from 09/03/08 revealed

the claimant had good relief with here epidural steroid injections and she was released to return to work.

On 05/15/09 the claimant reported increased low back and right leg pain radiating down to her foot. She was referred to a specialist and prescribed oral steroids and muscle relaxants. The claimant was examined by Dr. on 06/25/09 who documented complaints of low back and right leg pain as well as neck and right arm pain. The records revealed the claimant received 4 steroid injections into her right shoulder as well as 2 epidural steroid injections and physical therapy to the lumbar spine. Lumbar x-rays revealed on instability but did show some loss of disc height at L4-5 and L5-S1. Objective findings included an antalgic gait, hyperreflexia in the biceps and brachioradialis, a questionable right Hoffmann's sign, positive tension signs on the right and decreased right lower extremity motor strength. The claimant was diagnosed with lumbar radicular syndrome, cervical radicular syndrome and hyperreflexia and Dr. requested authorization to proceed with MRI studies of the cervical and lumbar spine.

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

It would appear that the cervical complaints in this case were first documented in June of 2009. The earlier complaints were not cervical and upper extremity. There is no documentation of the exact duration of these complaints. There is no documentation of normal radiographs. There is no documentation of a progressive neurologic deficit. There was certainly no significant trauma to the cervical region. The Reviewer would not recommend as medically necessary the purposed cervical MRI. This recommendation is in accordance with the ODG guidelines.

There have been low back complaints from this remarkably low energy injury. The initial MRI did not reveal any worrisome pathology. There is no documentation of any form of progressive neurologic deficit. There is no clear documentation of a diagnosis for which a repeated study would be needed. The Reviewer would not recommend this medically necessary the purposed lumbar MRI

Official Disability Guidelines Treatment in Worker's Comp, 14th edition, 2009 updates: Neck and Upper Back – MRI

Official Disability Guidelines Treatment in Worker's Comp, 14th edition, 2009 updates: Low Back – MRI

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)