

# C-IRO Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Dec/01/2009

**IRO CASE #:**

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

MRI of Lumbar Spine with and without contrast 72158

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

M.D., board certified in Orthopedic 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**

ODG Guidelines and Treatment Guidelines

Adverse Determination Letters, 10/27/09, 11/4/09

Letter to IRO from Dr. Chiropractor, 11/11/09

10/28/09

Dr. Chiropractor, Exam Note, 10/23/09

Dr., Initial Exam Report, 7/2/09

MD, Prescription for MRI of the Lumbar Spine, 10/21/09

MD, 9/28/09, 8/3/09, 3/9/09, 4/1/09, 7/27/09

Dr. Physical Examination Notes, 10/21/09, 7/2/09

Dr. Referral for Pain Management, undated

Accident & Injury Rehab, Oswestry Low-Back Pain Progress Report, 10/21/09 (Re-exam, 10/23/09)

Imaging, 10/22/09

Operative Report (Lumbar microdiscectomy, laminectomy, foraminotomy, and partial facetectomy at L5-S1 on the right), 7/28/09

MRI of the Lumbar Spine 4/23/08, 7/30/07

SOAP Notes, 7/3/09-11/11/09

Letter to Dr. and Dr. from Dr., 7/9/09

Lumbar Myelogram and Post CT, 12/15/08

MD, 6/11/09

Lumbar Spine AP, Lateral, Flexion and Extension Lateral, Left and Right Bending AP Films,

6/3/09

Operative Note, 11/18/07, 11/1/07, 9/18/07, 11/29/07

Mental Health & Behavior Assessment, 5/7/09

Dr. MD, Progress Notes, 11/9/09

Emergency Center, 11/4/09, 10/30/09

MD, 5/12/08, 4/15/08, 2/22/08

Psychologist, 9/19/08, 9/24/08

MD, 6/9/09

Back Institute, Do, 1/19/09

Exam Notes, MP, 2/11/08, 1/14/07, 10/16/07, 2/1/08, 11/14/07, 7/30/07, 7/24/07

#### **PATIENT CLINICAL HISTORY SUMMARY**

This is an injured worker who was injured on xx/xx/xx. He underwent a lumbar laminectomy in July 2009 for a central disc herniation without apparent neural compression. He apparently did extremely well. He had postoperative rehabilitation and improved. The most current physical examinations of August and September 2009 documents a normal examination, with possibly decreased sensation over the L5/S1 dermatome, no motor weakness, full strength with the onset of walking, normal reflexes, and negative straight leg raising, but using a cane with 3/8 Waddell's signs being positive. Current request is for an MRI scan with and without gadolinium.

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

The Official Disability Guidelines and Treatment Guidelines recommend repeat MRI for those patients who have a progressive neurological deficit. In this case, there is extensive documentation of no neurologic deficit. The requesting physician has failed to explain why the ODG should not be followed in this particular instance. The reviewer finds that medical necessity does not exist for MRI of Lumbar Spine with and without contrast 72158.

#### **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 REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)