SENT VIA EMAIL OR FAX ON
Feb/04/2009

IRO Express Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Feb/03/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
lumbar MRI

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:

[X] Upheld (Agree)

[ ] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
OD Guidelines
Office notes, Dr. 06/19/06, 09/26/07
Office notes, Dr. 02/13/07, 11/24/08
Office note, Dr. 0115/08
Office note, Dr. 03/19/08
Office note, Dr. 03/28/08
Peer Reviews, 01/05/08, 12/11/08, 12/15/08, 01/08/09
Physical Therapy evaluation, 03/06/08
Account Specialist letter, 08/18/08
Letter 11/03/08
Left knee x-ray, 11/24/08

PATIENT CLINICAL HISTORY SUMMARY
This is a female claimant with a reported knee and back injury of xx/xx. The records indicated that the claimant slipped while working twisted her knee and fell to the floor and injured her back. Immediate back pain was reported with subsequent numbness and tingling

radiating to both legs. The claimant underwent two knee surgeries in 2000 and 2003. An exacerbation of back pain was noted in 2006 when the claimant was packing and unpacking boxes to move. The claimant treated with chiropractic care and physical therapy. Physician records of 2007 indicated the claimant with continued back pain associated with numbness and tingling in the leg. A previous MRI and EMG were not available for review. Diagnoses of a herniated nucleus pulpous at L4-5, lumbar radiculopathy L4-S1 and lumbar spondylosis were given. Continued use of Lidoderm patch and chiropractic care were advised along with recommended follow up with pain management. An MRI and EMG were also recommended to determine future care.

A neurological evaluation dated 01/15/08 noted the claimant with low back and left leg pain. Paresthesia of the left fifth toe was reported. A review of a lumbar MRI showed a mild bulge of fullness of the L4-5 disc. Sensory examination was normal. The claimant was diagnosed with lumbar radiculopathy. Treatment options were discussed. Referral for epidural steroid injections, therapy and medications were advised. A follow up pain management visit on 03/19/08 revealed the claimant better with a pelvic belt. There was no tenderness or spasm on examination and no motor or sensory deficits reported. A myelogram, MRI and possible injections were recommended.

An Independent Medical Examination dated 03/28/08 noted the claimant with intermittent back pain. The claimant was noted to have sustained an additional injury in xx/xx when she fell from a ladder and injured both knees and her back. The claimant was diagnosed with a chronic sacroiliac strain. It was determined that the claimant had not reached maximum medical improvement. Ongoing treatment to include bracing was recommended.

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

The request is for a lumbar MRI. There is no recent clinical information to support the request for an MRI. There is no documentation of a change in her condition. With the limited information reviewed a lumbar MRI cannot be approved at this juncture.

Official Disability Guidelines Treatment in Worker’s Comp 2008 Updates, Low Back : MRI’s (magnetic resonance imaging

Repeat MRI’s are indicated only if there has been progression of neurologic deficit

Indications for imaging -- Magnetic resonance imaging

- Thoracic spine trauma: with neurological defici

- Lumbar spine trauma: trauma, neurological defici

- Lumbar spine trauma: seat belt (chance) fracture (If focal, radicular findings or other neurologic deficit

- Uncomplicated low back pain, suspicion of cancer, infectio

- Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. (For unequivocal evidence of radiculopathy, see AMA Guides, 5th Edition, page 382-383.

- Uncomplicated low back pain, prior lumbar surger

- Uncomplicated low back pain, cauda equina syndrom

- Myelopathy (neurological deficit related to the spinal cord), traumati

- Myelopathy, painfu

- Myelopathy, sudden onse

- Myelopathy, stepwise progressiv

- Myelopathy, slowly progressiv

- Myelopathy, infectious disease patien

- Myelopathy, oncology patient

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)