

C-IRO, Inc.
An Independent Review Organization
7301 Ranch Rd. 620 N, Suite 155-199
Austin, TX 78726

Notice of Independent Review Decision

DATE OF REVIEW: FEBRUARY 2, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

MRI (EG, PROTON) Spinal Canal and contents, Lumbar; without contrast material

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

MD, Board Certified Neurological 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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

The reviewer finds that medical necessity exists for MRI (EG, PROTON) Spinal Canal and contents, Lumbar; without contrast material.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 12/9/08, 12/30/08
ODG Guidelines and Treatment Guidelines
DC, 1/14/09, 12/22/08, 11/6/08, 12/2/08, 12/4/08, 12/9/08, 12/11/08, 12/12/08, 12/18/08, 12/22/08
Dr. MD, 12/5/08

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male with a date of injury xx/xx/xx when he was trying to lift a new toilet from its shipping container. He developed low back pain with radiation into the left

lower extremity. He had three sessions of PT with no success. This was followed by 6 aquatic sessions. He has now developed some numbness in the right posterior thigh. An EMG 12/05/2008 is suggestive of a right L5 radiculopathy. A lumbar MRI has been requested.

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

According to the ODG "Low Back" chapter, MRI of the lumbar spine is recommended for "Uncomplicated low back pain, with radiculopathy, after at least one month conservative therapy, sooner if severe or progressive neurologic deficit". The claimant's condition meets these criteria. He has had a total of 9 sessions of manual therapy, which have not helped. His EMG shows evidence of a right L5 radiculopathy. Given the neurologic findings, persistent complaints, and lack of efficacy of conservative measures, the MRI of the lumbar spine is medically necessary. The reviewer finds that medical necessity exists for MRI (EG, PROTON) Spinal Canal and contents, Lumbar; without contrast material.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE 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
- 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)**