

SENT VIA EMAIL OR FAX ON
Feb/02/2009

Applied Assessments LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Feb/02/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Repeat MRI

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

Board Certified in Physical Medicine and Rehabilitation
Subspecialty Board Certified in Pain Management
Subspecialty Board Certified in Electrodiagnostic Medicine
Residency Training PMR and ORTHOPAEDIC 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

OD Guidelines
Denial Letters 1/9/09 and 1/8/09
Records from Dr. 9/27/07 thru 11/6/08
OP Reports 10/10/07 thru 7/17/08
MR Scans 8/30/07 and 8/13/07
Letter 1/14/09
DDE 2/23/08
FCE 2/28/08
Records from Dr. 5/8/08 thru 6/5/08
Record from Dr.
Record from Health Systems 11/5

PATIENT CLINICAL HISTORY SUMMARY

This is a female who slipped on a wet floor on xx/xx/xx. Although she had other injuries, only the low back pain has been the ongoing issue. Her complaints had been back pain with subsequently bilateral lower extremity tingling, numbness and burning. An MRI done on 8/30/07 showed "small indentations...at the level of L2-3, L3-4 and L4-5...Finding is compatible with spondylotic process. No radiographic evidence of acute disc herniation identified. No evidence of spinal stenosis." There were no comments of any foraminal encroachment.

She initially saw Dr. on 9/27/07. His examination then and subsequently found local low back tenderness especially over the facet regions, but no evidence of any neurological loss. He performed the following procedures.

Right L4/5 medial branch block 10/10/07
Left L4/5 medial branch block on 10/17
Left L4/5 medial branch block on 11/28/07
Left L4/5 medial branch block on 12/2/07
Right L3/Sacral Ala block on 1/16/08
Right L3 Sacral block on 1/21/08
Left L3/Sacral Ala block on 1/24/08
Left L3 block on 2/7/08
Left L4/5 and Sacral Ala radio frequency rhizotomy on 6/19/08
Right L4/5 and S1 RF rhizotomy on 7/3/08
Left L1,2,3 RF rhizotomy on 7/17/08
Trigger point injections for fibromyalgia/myofascial pain.

There was only at most a few hours of relief with the medial branch blocks and no reported relief with the radiofrequency rhizotomy.

She underwent an evaluation by Dr. a neurosurgeon on 5/8, 5/21 and 6/5/08 for her persistent back pain and lower extremity symptoms. He described no neurological loss. He described the MRI as showed disc bulges. He did not feel there was a need for any surgical intervention. He noted that the patient (6/5) wanted a repeat MRI. He felt a discogram would be considered.

Dr. continued to see her on 9/16/08 and most recently on 11/6/08. He wanted the discogram and authorization for an epidural injection. He noted her ongoing complaints of back pain, and bilateral leg numbness and weakness.

She had a Designated Doctor Examination on 2/23/08 by Dr. and one on 5/29/08 by Dr. She also had an IME on 11/5/08 by Dr. These doctors did not find any neurological loss and described back pain without any evidence of a radiculopathy.

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

This lady had an injury with a fall. There was no acute disc herniations or foraminal encroachment found on her MRI. The studies showed changes seen with normal aging. Her symptoms did not improve with multiple procedures about the facet joints. There have not been any objective findings of any neurological loss, but rather the subjective complaints of pain. In the absence of any new neurological findings or radiculopathy, there is no justification for a repeat MRI. There is justification for the first 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 REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)