

PRIME 400 LLC
240 Commercial Street, Suite D
Nevada City, California 95959

Notice of Independent Review Decision

DATE OF REVIEW: FEBRUARY 19, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

MRI Lumbar Spine with Contrast

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

MD, Board Certified in Physical Medicine and Rehabilitation

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 Lumbar Spine with Contrast.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 1/15/09, 1/23/09
ODG Guidelines and Treatment Guidelines
MD, 12/8/08, 12/9/08
PT Notes, 1/8/09, 12/16/08, 1/7/09, 1/8/09, 1/9/09, 1/13/09, 1/15/09
Radiology, 8/21/08

Medical Center, 12/16/08, 12/18/08
MD, 11/10/08
MD, 8/13/08, 9/8/08, 11/3/08

PATIENT CLINICAL HISTORY [SUMMARY]:

This xx year old man injured his back at work on xx/xx/xx. He was diagnosed with a strain, and has experienced continued back pain and pain down both lower extremities. He had previous back surgeries in 1978 and 1994 from which he apparently made a good recovery. An MRI in August 2008 described multiple level degenerative changes including disc bulges at L1/L2, L2/L3, and L5/S1. There is a small central herniation at L4/5 with mild central stenosis at this level. The MRI did not describe nerve root compromise. An EMG failed to demonstrate a radiculopathy. The records indicate there was no motor loss, and the sensory changes varied, but fell within the L4-S1 dermatomes. A CT myelogram was considered, but deferred due to prior complications. The records indicate this man required blood patches.

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

This man had an MRI in August 2008 that showed degenerative changes. He has had two prior back operations. He remains symptomatic. The ODG considers the MRI as the “test of choice for patients with prior back surgery. Repeat MRIs are indicated only if there has been progression of neurologic deficit.” There was no neurological progression since this past summer. However, this request is not for a Repeat MRI, but rather for one where there is the use of contrast medium. The CT myelogram was considered, but deferred at the patient’s request due to a prior complication. The reviewer finds that the MRI with the contrast would be a medically reasonable and necessary alternative to the myelogram. The reviewer finds that medical necessity exists for MRI Lumbar Spine with Contrast.

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)