CLAIMS EVAL

Utilization Review and Peer Review Services

URAC ACCREDITED

Notice of Independent Review Decision-WC

DATE OF REVIEW: 2-13-09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

MRI of the lumbar spine with and without contrast

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

American Board of 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)

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- 12-17-08 , MD., office visit
- 12-23-08 , MD., Utilization Review
- 1-15-09 , MD., Utilization Review

PATIENT CLINICAL HISTORY [SUMMARY]:

Medical records provided for review includes a follow up visit with Dr. dated 12-17-08 notes the claimant was last seen on 7-18-08. The claimant presents with low back pain with radiation to the right buttock, right posterior thigh and right calf. The claimant noted some pain relief with rest and epidural steroid injection. The last transforaminal epidural injection was done 14 months ago. On exam, muscular strength is graded 5/5, reflexes are 2+ bilaterally and sensation is within normal limits. The evaluator noted the claimant had an MRI of the lumbar spine over a year ago that showed significant pathology at L4-L5 and L5-S1. He responded well to transforaminal epidural steroid injection. The evaluator requested another MRI due to persistent pain in his low back and right leg before considering another epidural steroid injection.

12-23-08 , MD., provided a denial for the requested lumbar MRI. He reported the claimant has noted L4-L5 and L5-S1 disc abnormalities with a disc protrusion at L4-L5 on the right with neuroforamen narrowing. There was a disc herniation at L5-S1 per Dr. , which was allegedly causing mild central stenosis. A repeat imaging study per ODG criteria would require an objective change with the neurological findings; however, with a relatively large central disc abnormality the neurologic changes may be delayed thus a MRI without contrast would be reasonable but there is no need for a MR with gadolinium.

From 1-12-09 through 1-15-09, , MD., attempted to perform a Peer to Peer. However, documentation reflects he was not able to contact the provider. Non-certification is provided for the requested MRI of the lumbar spine with and without contrast.

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

MEDICAL RECORDS SHOW A CLAIMANT WITH LOW BACK PAIN WHO HAS BEEN TREATED WITH REST AND TRANSFORAMINAL EPIDURAL STEROID INJECTIONS. HE HAS DONE WELL WITH THIS FORM OF TREATMENT AND RETURNS WITH COMPLAINTS OF PAIN. THERE IS A REQUEST FOR A REPEAT LUMBAR MRI FOR

CONSIDERATION FOR REPEAT EPIDURAL STEROID INJECTION. IT IS NOTED IN THE RECORDS THAT THE PREVIOUS MRI SHOWED L4-L5 AND L5-S1 DISC ABNORMALITIES WITH NEUROFORAMINAL NARROWING AT L4-L5 AND A DISC HERNIATION AT L5-S1. ACCORDING TO ODG-TWC, REPEATED MRI'S ARE INDICATED ONLY IF THERE HAS BEEN PROGRESSION OF NEUROLOGIC DEFECT. MEDICAL RECORDS SHOWS A CLAIMANT WITH A FAIRLY NORMAL PHYSICAL EXAM, NO EVIDENCE OF ANY RADICULOPAHTY OR NEUROLOGICAL DEFICIT. THEREFORE, THE REQUEST FOR A REPEAT MRI WITH AND WITHOUT CONTRAST IS NOT EVIDENT.

ODG-TWC, last update 12-31-08 Occupational Disorders of the Low Back – Lumbar MRI: Recommended for indications below. MRI's are test of choice for patients with prior back surgery. Repeat MRI's are indicated only if there has been progression of neurologic deficit. (Bigos, 1999) (Mullin, 2000) (ACR, 2000) (AAN, 1994) (Aetna, 2004) (Airaksinen, 2006) (Chou, 2007) Magnetic resonance imaging has also become the mainstay in the evaluation of myelopathy. An important limitation of magnetic resonance imaging in the diagnosis of myelopathy is its high sensitivity. The ease with which the study depicts expansion and compression of the spinal cord in the myelopathic patient may lead to false positive examinations and inappropriately aggressive therapy if findings are interpreted incorrectly. (Seidenwurm, 2000) There is controversary over whether they result in higher costs compared to X-rays including all the treatment that continues after the more sensitive MRI reveals the usual insignificant disc bulges and herniations. (Jarvik-JAMA, 2003) In addition, the sensitivities of the only significant MRI parameters, disc height narrowing and anular tears, are poor, and these findings alone are of limited clinical importance. (Videman, 2003) Imaging studies are used most practically as confirmation studies once a working diagnosis is determined. MRI, although excellent at defining tumor, infection, and nerve compression, can be too sensitive with regard to degenerative disease findings and commonly displays pathology that is not responsible for the patient's symptoms. With low back pain, clinical judgment begins and ends with an understanding of a patient's life and circumstances as much as with their specific spinal pathology. (Carragee, 2004) Diagnostic imaging of the spine is associated with a high rate of abnormal findings in asymptomatic individuals. Herniated disk is found on magnetic resonance imaging in 9% to 76% of asymptomatic patients; bulging disks, in 20% to 81%; and degenerative disks, in 46% to 93%. (Kinkade, 2007) Baseline MRI findings do not predict future low back pain. (Borenstein, 2001) MRI findings may be preexisting. Many MRI findings (loss of disc signal, facet arthrosis, and end plate signal changes) may represent progressive age changes not associated with acute events. (Carragee, 2006) MRI abnormalities do not predict poor outcomes after conservative care for chronic low back pain patients. (Kleinstück, 2006) The new ACP/APS guideline as compared to the old AHCPR guideline is more forceful about the need to avoid specialized diagnostic imaging such as magnetic resonance imaging (MRI) without a clear rationale for doing so. (Shekelle, 2008) There is support for MRI, depending on symptoms and signs, to rule out serious pathology such as tumor, infection, fracture, and cauda equina syndrome. Patients with severe or progressive neurologic deficits from lumbar disc herniation, or subjects with lumbar radiculopathy who do not respond to initial appropriate conservative care, are

also candidates for lumbar MRI to evaluate potential for spinal interventions including injections or surgery. See also ACR Appropriateness Criteria™. See also Standing MRI.
Indications for imaging -- Magnetic resonance imaging:
- Thoracic spine trauma: with neurological deficit
- Lumbar spine trauma: trauma, neurological deficit
- Lumbar spine trauma: seat belt (chance) fracture (If focal, radicular findings or other neurologic deficit)
- Uncomplicated low back pain, suspicion of cancer, infection
- 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.) (Andersson, 2000)
- Uncomplicated low back pain, prior lumbar surgery
- Uncomplicated low back pain, cauda equina syndrome
- Myelopathy (neurological deficit related to the spinal cord), traumatic
- Myelopathy, painful
- Myelopathy, sudden onset
- Myelopathy, stepwise progressive
- Myelopathy, slowly progressive
- Myelopathy, infectious disease patient
- Myelopathy, oncology patient

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**

- [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 REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- [ ] **OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**