

US Decisions, Inc.

An Independent Review Organization

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Notice of Independent Review Decision

DATE OF REVIEW: JANUARY 16, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Open MRI Lumbar Spine

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

MD, Board Certified Orthopedic 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 Open MRI Lumbar Spine.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 12/10/08, 12/19/08

ODG Guidelines and Treatment Guidelines

Emergency Department records 06/24/05

MRI lumbar spine 06/24/05, 01/16/07

Dr., 07/05/05, 08/09/05, 09/06/05, 11/22/06, 01/24/07, 05/10/07, 09/28/07, 04/28/08, 11/26/08

Procedure notes, 07/22/05, 10/26/07, 06/20/08

Dr. / IME, 07/10/08

Dr., 08/26/08

Letter from Worker's Compensation coordinator 12/15/08

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a xx year old male claimant with a reported history of low back and left lower extremity pain since xxxx after lifting heavy boxes. An initial examination in June 2005 noted the claimant with tenderness of the mid and lower back, limited range of motion and no motor or sensory deficits. A lumbar MRI dated 06/24/05 showed a L4-5 disc extrusion and multilevel lumbar spondylosis.

The claimant was diagnosed with a lumbar disc herniation. Conservative treatment included medications, physical therapy and epidural steroid injections which reportedly provided ninety percent improvement. An 11/22/06 physician record indicated the claimant with a gradual recurrence of left buttock and hip pain with radiation down to the toes associated with intermittent numbness and tingling. On examination of the lumbar spine, a positive left straight leg raise was noted along with a decreased left ankle jerk and decreased sensation in the left L5 and S1 distribution. Motor weakness was noted in the extensor hallucis longus, left anterior tibialis and left peroneal on eversion. A repeat MRI was recommended and performed on 01/16/07 which revealed multilevel disc desiccation, disc bulging and spinal canal stenosis.

A physician record dated 01/24/07 noted the claimant with continued lumbar pain with radiation to the left lower extremity associated with left foot weakness. The claimant's examination remained unchanged. Left leg greater than back pain was noted on a 05/10/07 physician record. A lumbar epidural steroid injection followed on 10/26/07 which reportedly provided one to two months of relief. A second epidural steroid injection was performed on 06/20/08. An Independent Medical Examination was performed on 07/10/08. The physician concluded that the claimant had severe lumbar stenosis secondary to aging with disk herniation L4-5 which worsened the stenosis. Previous injections appeared to be progressively failing to provide relief and that the claimant was closely reaching the point that a lumbar several level decompressive laminectomy should be considered.

A physician record dated 08/26/08 noted the claimant with localized back pain .A review of lumbar motion x-rays confirmed various degenerative changes. On examination, straight leg raise was negative bilaterally and sensation was intact. The claimant was diagnosed with chronic back pain and good alleviation of sciatica. An updated lumbar MRI was recommended. A follow up physician visit dated 11/26/08 revealed the claimant with left hip pain radiating to the left leg which had worsened the past two months. It was noted that the pain increased during the morning and with heavy activities. On examination, lumbar range of motion was decreased in flexion and extension, motor weakness in the left peroneal on eversion, left extensor hallucis longus along with decreased sensation in the left L5 distribution. The claimant's diagnosis remained as lumbar disc herniation and lumbar radiculopathy. Continued use of medications was advised and a repeat lumbar MRI was recommended due to the worsening left hip and leg pain.

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

One of the previous reviewers noted in his review that this repeat MRI would not be appropriate based on 90 percent improvement. It actually appears, in this particular case, that this individual's symptoms were 90 percent better following epidural steroid

injections, but then his symptoms progressively worsened. The most recent MRI scan was done years ago, and, as such, based on the persistent nature of symptoms, the failure of conservative care, and the possibility that this individual has neural compression, the request would be appropriate and consistent with the evidence-based ODG criteria. The reviewer finds that medical necessity exists for Open MRI Lumbar Spine.

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
- AHCP- 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)