

# US Decisions, Inc.

*An Independent Review Organization*

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## Notice of Independent Review Decision

**DATE OF REVIEW: JANUARY 20, 2009**

**IRO CASE #:**

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Medical necessity for MRI of the lumbar spine with and without contrast, 72148.

### **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 MRI of lumbar spine with and without contrast, 72148.

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Adverse Determination Letters, 12/5/08, 12/31/08

ODG Guidelines and Treatment Guidelines

Inter operative fluoro lumbar, 06/30/2005

Office note, Dr. , 07/21/2006

Office note, Dr. , 11/14/08

Letter of medical necessity, Dr. , 12/12/08

Patient History, 11/14/08

Fax verification, 11/07/08  
Fax, 11/14/08

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This xx year old male claimant reportedly underwent a lumbar 360 degree fusion L2 through S1 in June 2005 and was noted to be doing well with mild level pain until the fall of 2008. The claimant reported worsening back pain with radiation of pain after he took an extended car trip. An 11/14/08 physician visit noted the claimant with fifty percent back pain and fifty percent leg pain with a positive straight leg raise on examination. X-rays taken showed expected post-operative changes with evidence of an interbody solid bony fusion L3-4, L4-5 and L5- S1 with pedicle screws and rods in good position with no evidence of movement on flexion and extension views. The physician diagnosed most likely soft tissue injury as a result of a prolonged car trip. A repeat MRI of the lumbar spine has been requested.

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

It would appear from the records provided for this review that symptoms have been persistent in this patient since late September 2008 or early October 2008. There is some modest concern presented in the records regarding radiculopathy. The greater concern explained in the medical records is the history of surgery in this case, and that this sort of pain recurrence can be evidence of pseudoarthrosis or hardware failure.

When one turns to the ODG guidelines, an MRI can be indicated in the uncomplicated low back pain patient with prior lumbar surgery. This certainly would seem to relate to the case in question. The reviewer finds that the MRI should be considered medically necessary based on the ODG guidelines. The reviewer finds that medical necessity exists for MRI of lumbar spine with and without contrast, 72148.

**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)