

SENT VIA EMAIL OR FAX ON  
Jul/06/2009

## Independent Resolutions Inc.

An Independent Review Organization  
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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Jul/06/2009

**IRO CASE #:**

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

Appeal MRI Thoracic Spine w/wo contrast; Appeal x-ray Lumbar Spine; Appeal x-ray thoracic spine

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

Board Certified Neurologist

**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 4/24/09 and 5/6/09

Dr. 1/20/00 thru 10/27/08

Post Myelogram CT Scan 3/17/09

Lumbar Myelogram 3/17/09

BCM 4/16/09

OP Report 4/8/09

**PATIENT CLINICAL HISTORY SUMMARY**

In xxxx, Mr. injured his low back, neck and right knee after a fall from a ladder. Eventually a L4-S1 fusion allowed a return to work. Another fall occurred in 2006 caused recurrence of low back pain and laminectomy was performed at L2 and L3 in August 2007. In 2009, he was able to return to work. His major complaint is progressively worsening back pain plus incontinence. Exam shows motor deficits that are not in a single nerve root distribution and would be inconsistent with a normal gait. No scoliosis was appreciated in back examination. A lumbar MRI and myelogram showed minimal extra-dural defects at T12-L1 and extensive degenerative disease according to the radiologist. A neurosurgeon interprets the studies as showing central canal stenosis from T11-12 to L2-3, severe at L1-2.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS,**

## **FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION**

What are the diagnoses in this case? How do we know the incontinence is related to a neurogenic bladder? There is no detailed inquiry in the history to know if incontinence is long standing or of new onset. No urinalysis excludes UTI; no rectal exam excludes BPH. Are the symptoms that of a spastic bladder or a lower motor neuron bladder? In similar fashion, it is not clear what is causing the generalized weakness in both legs. How is this consistent with the patient's normal gait? The patient does not complain of leg weakness by history. He attributes his worsening pain and numbness to the spinal stimulator. Neurological exam shows no evidence of myelopathy; progressive motor weakness is not demonstrated. Scoliosis can be diagnosed clinically and confirmed by x-ray. The ODG does not recommend a thoracic MRI in this clinical setting.

## **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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)