



Medical Review Institute of America, Inc.
America's External Review Network

DATE OF REVIEW: June 25, 2009

IRO Case #:

Description of the services in dispute:

Preauthorization request – Lumbar MRI with contrast

A description of the qualifications for each physician or other health care provider who reviewed the decision

The physician who provided this review is board certified by the American Board of Orthopaedic Surgery. This reviewer completed a fellowship in Pediatric Orthopaedic Surgery. This reviewer is a member of the American Academy of Orthopaedic Surgeons and the Pediatric Orthopaedic Society of North America. This reviewer has been in active practice since 2000.

Review Outcome

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld

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.

Medical necessity does not exist for the requested MRI with contrast.

Information provided to the IRO for review

Records From The State:

Notice of case assignment, 6/4/09, 1 page

Notice of assignment of IRO, 6/4/09, 1 page

Confirmation of receipt of a request for review by an IRO, 6/3/09, 7 pages

Request for review by an IRO, 6/2/09, 3 pages

Records From:

Notice of utilization review findings, 5/1/09, 8 pages

Discogram report, 1/13/01, 2 pages

Radiology report, 10/12/00, 1 page

Operative report, 4/18/08, 2 pages

Radiography note, 4/18/08, 1 page

Follow up note, 9/2/08, 2 pages
Follow up note, 9/17/08, 1 page
Follow up note, 12/2/08, 1 page
Surgery teaching, 1/12/09, 1 page
Follow up note, 1/12/09, 1 page
Operative report, 1/13/09, 2 pages
On-call report, 1/25/09, 1 page
Follow up note, 2/2/09, 2 pages
Follow up note, 2/23/09, 2 pages
Follow up note, 4/7/09, 2 pages
Follow up note, 4/21/09, 1 page
MRI report, 10/12/00, 1 page
Recommended services for medical treatment, 4/21/09, 2 pages
Email from, 5/9/09, 1 page

Records From The Insurance Company:

Shipping label, 6/6/09, 1 page
Fax from, 5/12/09, 1 page
Fax from, 6/5/09, 1 page
CD, 6/8/09, 1 page + disc

Patient clinical history [summary]

The patient is a male with failed back syndrome status post numerous spine procedures who has persistent back pain extending into his left lower extremity days after L5/S1 decompression and conversion of L5/S1 arthroplasty to posterolateral fusion by Dr.. The patient's initial injury was in xx-xxxx. He initially underwent L4-S1 laminectomies, according to notes presented for review, which did not relieve his pain. The patient was then indicated for L5/S1 total disk arthroplasty, which also failed. On 1/13/09 the patient had the arthroplasty converted to a fusion at L5/S1. Now the patient's pain has returned. Ms. now recommends repeat MRI of the lumbar spine, based on her last note dated 4/21/09, presumably in anticipation of another surgical procedure. On 4/21/09 Ms. documented that the patient's pain returned on the day that he returned to work. The patient was able to work part of four days. On physical examination, Ms. documented normal reflexes, near normal motor exam, and negative straight leg raise. Conservative management so far has included narcotic and anti-inflammatory medication and a PT evaluation done on 2/2/09 recommending 18 visits. No documentation of that recommended PT is included for review. It is unclear if Dr. has ever seen the patient post-operatively since all postoperative notes are dictated by Ms. This case has been reviewed twice before and both times a noncertification for MRI was the result. Initial reasoning for denial of repeat MRI was retained metal in the spine that would likely lead to a non-diagnostic study. The second review found no logical reason for the test since the neurological exam was stable and there was no indication of problem with the fusion.

Analysis and explanation of the decision include clinical basis, findings and conclusions used to

support the decision.

The MRI with contrast is not medically necessary. This reviewer is in agreement with both prior reviewers that the MRI would not be expected to yield information that would be of any benefit in the treatment of the patient. The patient has failed back syndrome in the setting of a work related injury, has a near normal neurological examination, and is only 3 months s/p instrumented spinal fusion. The patient appears to have been surgically mismanaged from the beginning. Lumbar disk arthroplasty is an unproven procedure and should not have been certified in the past. The indications for the patient's most recent conversion of the arthroplasty to fusion appear to be weak and also should not have been certified (based on review materials provided). Except in the setting of catastrophic failure, the patient is not indicated for any further surgical procedures, as the expected prognosis would be continued poor results. Plain x-rays are sufficient to rule out catastrophic hardware failure, and to date show stable instrumentation. MRI at this point would be of no expected benefit. Recommended interventions at this point would be referral to pain management and performance of the physical therapy that was previously recommended (if it was not done).

A description and the source of the screening criteria or other clinical basis used to make the decision:

ODG, Low Back, MRIs (magnetic resonance imaging)

ODG, Low Back, Discectomy/ laminectomy