DATE OF REVIEW: 06/24/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

MRI of the Lumbar Spine with Contrast

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

Board Certified in Orthopedic 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

- Evaluation, , M.D., 10/17/95
- Surgery, Dr. 11/30/95, 08/12/98
- Follow up visit, Dr., 12/11/95, 01/23/96, 03/05/96, 09/17/97, 02/26/98, 05/27/98, 06/08/98, 07/21/98, 08/26/98, 10/07/98, 12/02/98, 02/04/99, 04/22/99, 06/17/99, 08/18/99, 09/24/01, 02/01/02, 03/01/02, 05/15/03
- Physical Therapy Evaluation, , PT, 02/18/99

- Physical Therapy, Medical Center, 02/23/99, 02/24/99, 02/25/99, 03/02/99, 03/03/99, 03/04/99, 03/10/99, 03/12/99, 03/19/99, 03/23/99, 03/25/99, 03/30/99
- Physical Therapy Discharge Summary, Ms. 03/30/99
- Functional Capacity Evaluation, , PT, 06/25/99, 08/11/99
- Impairment Rating, , P.T., 06/30/99, 08/18/99
- Work Hardening Case Conference, P.T., 07/15/99, 07/22/99, 07/29/99, 08/05/99
- Work Hardening Sessions, Industrial Rehabilitation, 07/24/99, 07/27/99, 07/28/99, 07/29/99, 08/03/99, 08/04/99, 08/05/99
- MRI of the Lumbar Spine, M.D., 02/22/02
- Medical Report, , M.D., 05/05/09
- Notification of Determination, 05/13/09
- Reconsideration of Medical Determination, 05/22/09
- Carrier Submission, Law Offices of, 06/09/09
- The ODG Guidelines were provided by the carrier or the URA.

PATIENT CLINICAL HISTORY (SUMMARY):

The patient lifted approximately 65 pounds and felt a sharp pain in his lower back. He had two surgeries on his lower back, the latter being a fusion at L5-S1. He had undergone conservative treatment, including physical therapy and a work hardening program. He underwent an MRI of the lumbar spine and most recently treated with Vicodin for pain.

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

No, the MRI of the Lumbar Spine with Contrast is not medically reasonable and necessary.

The rationale is the Official Disability Guidelines which indicate a repeat MRI of the lumbar spine is medically indicated when there is a progression of a focal neurological deficit noted. At this time, the 05/05/09 report by Dr. does not indicate there being a focal neurological deficit noted. Therefore the MRI of the lumbar spine with contrast would not be supported as medically necessary by ODG criteria.

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)**