

C-IRO Inc.

An Independent Review Organization
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DATE OF REVIEW:

May/19/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient lumbar MRI

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

M.D., 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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

ODG Guidelines and Treatment Guidelines
Order for MRI, 03/13/09
Patient Profile Forms, 03/16/09, 03/19/09
Notes to claimant, 03/25/09, 04/02/09
History and physical 02/08/08
Lumbar myelogram 02/08/08
CT post myelogram 02/08/08
Operative report 003/10/08
Office note Dr. 06/19/08, 09/12/08, 03/13/09, 04/10/09
Office note Dr. 10/13/08, 04/10/09
Office note Dr. 01/23/09
Review 03/25/09
Operative report 04/02/09
Review 04/02/09
Attorney note 05/04/09
Notice of Independent Review Decision, 12/27/07

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who was injured on xx-xx-xx. A lumbar myelogram on 02/08/08 showed mild disc bulges at L3-4 and L4-5. There was a myelographically "insensitive" appearance to L5-S1. He had some hypolordosis with multilevel small ventral osteophytes. The post CT showed that the most significant finding was at L5-S1 where there was a 4 millimeter central disc protrusion with a 3-4 millimeter broad-based right posterolateral disc bulge/protrusion. The disc abuts but did not compress the tapering thecal sac. At L3-4 there was a 2 millimeter right posterolateral disc bulge and at L4-5 a 2 millimeter diffuse disc bulge most pronounced on the right posterolaterally. On 03/10/08 the claimant was given a left L5 selective nerve root block. Dr. saw him on 06/19/08 at which time he was working full time modified duty. The examination was negative. Foraminal stenosis and lumbar radicular syndrome were diagnosed. He was to continue on oral medications. The 09/12/08 examination noted 4/5 left anterior tibialis and left extensor hallucis longus strength. Tension signs were positive on the left reproducing back and left leg pain. He reported paresthesias on the left L5 distribution. A cane was ordered. The claimant wanted to avoid surgery if possible.

Dr. saw him on 10/13/08 noting him to have more and more difficulty working. He was taking Norco and Ultram. The claimant felt he may need surgery, but was unable to do it until after the first of the year. The examination noted a positive sitting root test, greater on the left. He had decreased strength of the left tibialis anterior and extensor hallucis longus and decreased sensation of the left lateral leg. At the 03/13/09 visit with Dr. the claimant had severe back pain radiating down the left lower extremity, very poor functional performance, pain greater on the left and complaints of weakness on the left side. 4/5 left anterior tibialis strength and left extensor hallucis longus strength was noted on examination. He walked with a cane. A new MRI was ordered as the last one was over a year ago. This request was denied on two reviews dated 03/25/09 and 04/02/09. On 04/02/09 a caudal epidural steroid injection was administered.

Dr. re-evaluated him on 04/10/09 and reported that epidural steroid injections were only marginally effective. He still ambulated with a cane and was unable to work. Strength was normal and tension signs negative. Dr. stated that the claimant's symptoms were worse than at the time of the 02/08 CT myelogram. A new lumbar MRI was again ordered. Dr. saw him on 04/10/09 noting back pain with weather and going to both legs, greater on the left.

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

The lumbar MRI is not medically necessary, and therefore this reviewer agrees with the determination of the insurance carrier based on the medical records provided.

This claimant has had a previous 02/08/08 CT lumbar myelogram documenting some mild degenerative changes, and there are ongoing records documenting back and leg symptoms, although it does not appear that there are any new neurologic changes or specific worsening of his condition. Dr. has requested an MRI just to see what it looks like and to see if there has been a change.

ODG guidelines document the use of MRI testing in patients who have progressive neurologic deficit or a specific change in their clinical condition, or if there is going to be planning for surgical intervention. Since this claimant does not appear to have change in his clinical condition nor is there any discussion in the medical record about planning for surgery, then the requested MRI to just see what his condition looks like at this time is not medically necessary. The reviewer finds that medical necessity does not exist for Outpatient lumbar MRI.

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 REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)