

SENT VIA EMAIL OR FAX ON
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Applied Resolutions LLC

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DATE OF REVIEW:

May/27/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

MRI lumbar with and without contrast

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

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

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male injured on xx-xx-xx when he was carrying a heavy object. Initially he had only back pain diagnosed as a strain and treated with therapy. By 05/22/08, he had developed left buttock and leg pain. There was a left positive straight leg raise and decreased left Achilles reflex.

A 05/29/08 MRI showed L1-2 desiccation. L4-5 was dehydrated and there was a bulging disc and left facet mild degeneration. At L5-S1, there was loss of disc space height with posterior spurs to the right with severe foraminal stenosis. The bulge protruded left with possible left

S1 nerve root impingement. Spurs on the right possibly caused L5 neural impingement.

On 07/10/08, the claimant had an L5-S1 epidural steroid injection. He was seen on 08/18/08 by Dr. and reported that he had 50 percent pain relief in the left leg after the injection. On examination there was a positive left straight leg raise and trace weakness on plantar flexion on the left. He also had decreased sensation S1. A second injection was given on 10/09/08 with improvement. On 11/10/08, Dr. felt the claimant had reached maximum medical improvement.

On 01/28/09, Dr. saw the claimant for complaints of left leg numbness and a heavy feeling. Straight leg raise at 40 degrees caused left leg pain. Reflexes were symmetrical. Home exercise was recommended.

On 03/31/09, Dr. evaluated the claimant for the need for ongoing care. The claimant continued to have back and left anterior thigh pain. There was a positive Waddell's sign with straight leg raise. He had a decreased left patellar reflex and decreased sensation in left S1. Dr. did not feel that diagnostic testing was necessary but did recommended ongoing medications.

The PAC saw the claimant on 04/06/09 for complaints of left leg weakness. On examination, there was reportedly obvious weakness with dorsiflexion, plantar flexion and at the extensor hallucis longus on the left. Sensory was intact. Straight leg raise caused buttock pain on slump as well.

A lumbar MRI was recommended but denied twice on peer review.

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

The requested lumbar MRI with and without contrast is not medically necessary based on review of this medical record. However, if the request was just a lumbar MRI without contrast, it would be medically necessary.

This claimant has back and radicular left leg complaints and has undergone a previous 05/29/08 MRI lumbar spine that showed some L5-S1 changes with a bulge and possible left S1 nerve root impingement. However, this claimant has failed further conservative care with activity modification and epidural steroid injections and the physician documents ongoing weakness and numbness. Also, it appears from the medical record that there is some discussion about the possible need for surgery.

In light of the fact the claimant has continued back and left leg radicular symptoms with positive physical findings and the prior MRI does not fully delineate a disc herniation, then a new MRI without contrast would be medically necessary. The only reason you use contrast is to look for recurrent disc following a previous operation, tumor, or infection which in this case does not appear to be present.

Therefore, this request is for an MRI with and without contrast and is not medically necessary because contrast is not needed.

ODG guidelines indicate that repeat MRI's are indicated only if there has been a progression of neurologic deficit and this reviewer does feel that there does appear to be progressive weakness and sensory loss as noted in the medical records.

Official Disability Guidelines Treatment in Worker's Comp 2009 Low Back-MRI

Repeat MRI's are indicated only if there has been progression of neurologic deficit.

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)