



## Notice of Independent Review Decision

### **DATE OF REVIEW:**

11/16/2009

### **IRO CASE #:**

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

Repeat MRI of the lumbar spine with flexion extension x-rays.

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

Doctor of Osteopathy, Board Certified Anesthesiologist, Specializing in Pain Management

### **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.

**Repeat MRI of the lumbar spine with flexion extension x-rays is not medically necessary.**

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- TDI/DIVISION OF WORKERS' COMPENSATION Referral form
- 11/05/09 letter with attached response regarding disputed services
- 11/02/09 MCMC Referral
- 11/02/09 Notice to MCMC, LLC Of Case Assignment
- 10/30/09 Confirmation of Receipt of a Request For a Review, DWC
- 10/30/09 Request For A Review By An Independent Review Organization
- 10/23/09 letter from Review Nurse
- 10/15/09 letter from Review Nurse
- 09/16/09 chart note, Medical Clinic
- 03/19/09 letter from Neurosurgical Associates
- 05/13/08, 12/23/08 letters from M.D.
- 04/12/07 to 09/15/09 Office/Outpatient Visits, M.D.
- 12/04/06 MRI lumbar spine, M.D.
- 11/09/06 x-rays of the lumbar spine, Medical Center
- 08/11/06 Operative Report, M.D.
- ODG Integrated Treatment/Disability Duration Guidelines for Low Back – Lumbar & Thoracic (Acute & Chronic)

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The injured individual is a male with date of injury xx/xxxx. The injured individual had an L4/5 laminectomy in 08/2006. The x-ray of 11/2006 for "back and leg pain" showed nothing pathologic. The MRI in 12/2006 for "back and leg pain" showed nothing pathologic. It did show a resolution of the prior hematoma at L4/5. The injured individual has been seeing Dr. for pain management since 04/2007. He noted back and right leg pain, reduced right L5/s1 sensation, right Kemp, and reduced lumbar range of motion (ROM). This has stayed consistent through the discharge visit of 09/2009 after a sympathetic nerve block (SNB) and Transforaminal Epidural Steroid Injection (TFE) failed to help. The injured individual was discharged due to lack of any other treatment to offer. There is a note from a Medical clinic dated one day after his pain discharge that notes he needs Lortab and has right leg atrophy and absent Achilles reflex. However, it is not clear who Medical clinic is, their findings are not documented anywhere else by anyone, and there is still no recommendation for a new MRI or x-ray.

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

There is no request for these studies in any of the notes. The injured individual had a postoperative x-ray and MRI months after surgery which showed nothing pathologic. These were done for the same complaints that are present now. Also, the physical exam (PE) per Dr. has not changed since his consult in 04/2007. There is also no neurosurgery consultation documented to suggest a need for these films.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:****ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

Official Disability Guideline for MRI: Indications for imaging -- Magnetic resonance imaging:

- Thoracic spine trauma: with neurological deficit
- Lumbar spine trauma: trauma, neurological deficit
- Lumbar spine trauma: seat belt (chance) fracture (If focal, radicular findings or other neurologic deficit)
- Uncomplicated low back pain, suspicion of cancer, infection, other "red flags"
- Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. (For unequivocal evidence of radiculopathy, see AMA Guides, 5th Edition, page 382-383.) (Andersson, 2000)
- Uncomplicated low back pain, prior lumbar surgery
- Uncomplicated low back pain, cauda equina syndrome
- Myelopathy (neurological deficit related to the spinal cord), traumatic
- Myelopathy, painful
- Myelopathy, sudden onset
- Myelopathy, stepwise progressive
- Myelopathy, slowly progressive
- Myelopathy, infectious disease patient
- Myelopathy, oncology patient



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Official Disability Guideline for flexion/extension films: Not recommended as a primary criteria for range of motion. An inclinometer is the preferred device for obtaining accurate, reproducible measurements. See Range of motion (ROM); Flexibility. For spinal instability, may be a criteria prior to fusion, for example in evaluating symptomatic spondylolisthesis when there is consideration for surgery. See Fusion (spinal).