

MATUTECH, INC.  
PO Box 310069  
New Braunfels, TX 78131  
Phone: 800-929-9078  
Fax: 800-570-9544

Notice of Independent Review Decision

Date of Review: October 13, 2009

IRO Case #:

Description of the Service or Services In Dispute  
Lumbar MRI without contrast

a Description of the Qualifications for Each Physician or Other Health Care Provider  
Who Reviewed the Decision  
Fellow American Academy of Physical Medicine and Rehabilitation  
Member of PASSOR

Review Outcome

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

X Upheld (Agree)

Medical documentation does not support the medical necessity of the health care services  
in dispute.

Information Provided to the IRO for Review  
TDI  
Utilization Reviews (09/09/09 – 09/18/09)

Diagnostics (03/28/07)  
Office Visits (09/02/09 – 09/10/09)

ODG has been utilized for the denials.

Patient Clinical History [Summary]:

The patient is a male who injured his lumbar spine on xx/xx/xx while lifting furniture.

In March 2007, magnetic resonance imaging (MRI) of the lumbar spine was performed,

which revealed an incidental left renal cyst measuring 2 x 1.5 cm. Otherwise the lumbar spine MRI was unremarkable.

On September 2, 2009, M.D., evaluated the patient for lower lumbar spine pain with radiation to the buttocks bilaterally, posterior thighs, bilateral calves, and bilateral hips. The pain was associated with numbness in the thighs and weakness of the upper and lower legs. Dr. noted the following treatment history: The patient was seen by chiropractic in the past which increased his pain. He also had steroid injections without much relief. History was remarkable for right knee arthroscopy. He was utilizing Lortab and Soma. Examination revealed pain elicited over the interspaces, limited active range of motion (ROM) with extension to 15 degrees and flexion to 30 degrees, sensory deficits in the right L4 and right L5 distribution, positive bilateral Faber test and Gaenslen's sign. Dr. assessed bulging lumbar disc and lumbosacral radiculopathy; ordered nerve conduction velocity (NCV) of the lower extremities and a lumbar MRI. He noted the patient's previous MRI was out of proportion to his examination.

On September 9, 2009, D.O., performed a utilization review and denied the request for MRI lumbar spine without contrast. Rationale: "In the medical record dated September 2, 2009, the patient is complaining of back pain that radiates to the buttocks, bilateral posterior thighs, bilateral calves, and left and right hip. On examination, there is tenderness over the lumbar spinous interspace. ROM of the lumbar spine is limited. Motor strength as well as deep tendon reflexes was intact in the lower extremities. There is decreased sensation noted in the right L4 and right L5. The clinical notes sent for review did not provide documentation regarding the failure of this patient to conservative management therapies such as ongoing stretching exercises, physical therapy (PT), and medications. There is no indication of progression of neurological deficits and no red flags were noted in the examination. Furthermore, there is no indication that plain radiographic studies were done prior to the contemplated imaging study. The medical necessity is not determined at this time."

On September 10, 2009, Dr. noted the patient's examination was positive for radicular findings. He stated that it was a standard of care to obtain current imaging to determine the cause of his dramatic pain and without the imaging; he did not have anything to offer this patient.

On September 18, 2009, D.O., denied an appeal for the lumbar MRI without contrast. Rationale: "There is no documentation submitted that the patient had failed conservative measures such as PT and pharmacological agents prior to the request for MRI. There is no documentation provided that the patient had progressive neurological deficit or red flags. Also, there is no mention whether plain radiographic studies were performed or not prior to the consideration of repeat imaging studies. With this, it is deemed that there is insufficient clinical information supporting the medical necessity, clinical utility, and appropriateness of the studies requested."

Analysis and Explanation of the DECISION INCLUDE clinical basis, Findings and Conclusions Used to Support the Decision.

Upon review of the documentation regarding past extent of conservative care, no report available describing the type, duration and measured functional outcome from conservative care including the use of po pain medications, formalized PT with conversion to a daily HEP in conjunction with limited activity. Treatment note on 9-2-09 reported past chiropractic care and steroid injection (type of injection not noted). There is discussion of past MRI lumbar spine in 2007 with no reported progressive focal neurological deterioration to the lower extremities since that MRI study. MRI 3-28-07 was negative for lumbar spine abnormalities.

A Description and the Source of the Screening Criteria or Other Clinical Basis Used to Make the Decision:

FORMCHECKBOX  
odg- official disability guidelines & treatment guidelines

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