



Notice of Independent Review Decision

Date of Review: 11/6/2009

IRO Case #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Insurance carrier's denial of outpatient thoracolumbar MRI scan

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., American Board of Physical Medicine and Rehabilitation, American Academy of Physical Medicine and Rehabilitation, North American Spine Society

REVIEW OUTCOME:

Upon independent review, I find that the previous adverse determination or determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
724.4	72080		Prosp.						Overturn

INFORMATION PROVIDED FOR REVIEW:

1. TDI case assignment
2. Letter of denial, 09/15/09 and 10/05/09 including criteria used in the denial
3. Treating doctor's assessment and correspondence, 01/03/08 through 09/28/09
4. Independent Medical Examination, 05/21/09
5. Radiology reports, 02/14/02, 02/27/02, and 08/18/03
6. Operative report, 02/2002, 03/2007, and 01/2008

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

<p>1908 Spring Hollow Path Round Rock, TX 78681 Phone: 512.218.1114 Fax: 512.287-4024</p>	
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This employee was injured on xx/xx/xx1 when she tripped and injured her back, knees, hands, and shoulder. The back injury resulted in a posterior thoracolumbar fusion from T12 to L1 in 2002. The patient had improvement thereafter. She did have some increase in her back pain, as well as some neuropathic symptoms in her leg described as pain. She has undergone multiple CT myelograms. She has been followed by multiple physicians. As of recent, this patient has had worsening of her described symptomatology, which includes right flank region discomfort as well as sharp pain into her right lower extremity and worsens with activity. In the medical records, she appears to have denied left lower extremity symptomatology. She also had no bowel or bladder complaints. In the exam, it is noted she has severe dysesthesias to the right of her surgical incision, and she has intact lower extremity strength.

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

Considering re-imaging of this patient’s thoracolumbar spine with magnetic resonance imaging, I believe, according to the literature, this is appropriate at this time. For specific reference for this decision, one may refer to the North American Spine Society’s Clinical Guidelines in the study of patients with aforementioned surgical history and symptomatology. When one uses the algorithms put forth by the North American Spine Society, this patient fits into the category for re-imaging for the possibility of a new or worsening old stenosis or other spinal issues that may be amenable to surgery. Without a higher level of imaging, this patient’s exact anatomy is impossible to discern.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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 judgment, 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 national accepted medical literature, North American Spine Society Spinal Clinical Guidelines and Algorithm
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)