

## Notice of Independent Review Decision

### **DATE OF REVIEW:**

09/24/2009

### **IRO CASE #:**

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

Lumbar MRI- 08/17/2009.

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

Board Certified Chiropractor

### **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.

**The medical necessity for the application of a lumbar MRI – 08/17/2009- is not established.**

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

- TDI/DIVISION OF WORKERS' COMPENSATION referral form
- 09/16/09 letter from RN, Utilization Management, Insurance
- 09/14/09 MCMC Referral
- 09/14/09 Notice of Assignment of Independent Review Organization
- 09/14/09 Notice to MCMC, LLC of Case Assignment
- 09/11/09 Confirmation of Receipt of a Request For a Review, DWC
- 09/10/09 letter
- 09/10/09 report from DC
- 09/04/09 Request For a Review By An Independent Review Organization
- 08/20/09 letter
- 08/19/09 report from DC
- 08/10/09, 07/10/09, 06/10/09 SOAP notes,
- 08/10/09 Work Status Report, DC, DWC
- 08/03/09 Letter of Medical Necessity for MRI, D.C.,
- 07/23/09 Express Scheduling, MRI
- 07/21/09 x-ray right humerus, MRI
- 07/21/09 x-ray lumbar, MRI
- 07/21/09 x-ray cervical, MRI

- 07/17/09 letter
- 07/02/09 Follow-Up Consultation Note, PA-C, Pain Management
- 06/23/09 Range of Motion Test,
- 06/19/09 Express Scheduling, MRI
- 06/16/09 Initial Consultation Note, DO, Pain Management
- 06/10/09 Initial Medical Report, D.C.,
- 06/10/09 W/C New Patient Doctor's Questionnaire
- 06/10/09 chart note
- 06/05/09 patient information sheet,
- Note: Carrier did not supply ODG Guidelines.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

Records indicate that the injured individual was injured during the course of his normal employment on xx/xx/xx. The history reveals that he reported falling out of a bus and landing on his right side injuring his neck, low back and right knee. He reported symptoms of a 10/10 intensity, a constant frequency and confined to the neck, low back, and all extremities. Ranges of motion were documented as reduced. The injured individual was examined and determined to have normal reflexes, positive orthopedic findings and a 3-4 beat ankle clonus. A course of chiropractic and allopathic care to include physical therapy (PT), medications and manipulations were initiated.

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

The Official Disability Guideline allows for the application of a lumbar MRI in cases where there is evidence of a severe or progressive neurologic deficit. There is also allowance for the consideration of a lumbar MRI after one month of failed conservative treatment and a documented radiculopathy. It should be noted that the diagnosis of radiculopathy requires the documentation of a dermatomal distribution of pain, paresthesias and/or numbness.

In this particular case, and according to the documentation provided, the injured individual presented to the office of the attending provider (AP) with low back pain and bilateral leg pain. Symptoms in the lower extremities were described by the referral source as "global". As such and consistent with the American Medical Association (AMA) definition of radiculopathy, there was no dermatomal distribution of symptomatology, therefore, radiculopathy is not demonstrated. Moreover, the documentation does not unequivocally demonstrate that there was a failed course of conservative care. The injured individual was receiving chiropractic and allopathic care to include therapy and medications. There are anecdotal references to the fact that the injured individual had progressed in response to the therapy provided. However the only comparative findings are two entries that have the subjective values decreased from 10/10 to 7/10 within the first month of care. Moreover, there are no specific values or data that unequivocally demonstrate progress in the lumbar spine specifically or the lack of progress in the lumbar spine. Additionally, the documentation states that the injured individual's reflexes were normal and that motor was grossly intact.

The documentation indicates that there was a 3-4 beat ankle clonus. This is the one finding that could possibly be considered neurological in nature. It should be noted that more than 4 beats of clonus would be considered pathologic. However there is no clinical correlation, no indication of a



progression in intensity and in and of itself would not be a basis to order a lumbar MRI. A positive ankle clonus could be present from a myriad of conditions including upper motor neuron lesions from a variety of conditions and pathologic processes.

Therefore, given the lack of documentation to support severe or progressive neurologic deficits, no actual unequivocal documentation of a failed course of conservative care and no unequivocal documentation of a radiculopathy, there is no established medical necessity for the application of a lumbar MRI as requested.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

**ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**