

SENT VIA EMAIL OR FAX ON
Oct/12/2009

True Resolutions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Oct/08/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

lumbar MRI 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

OD Guidelines

Dr. office note 06/28/05, 08/02/05

Lumbar MRI 07/15/05

Office notes Dr. 07/13/07, 07/18/07, 10/01/07

Office notes Dr. 10/17/07, 04/17/08, 07/002/09

Dr. (ortho) 05/14/09

Dr. prescription 07/02/09

Letter dated 07/15/09 from Dr.

Peer review Dr. 08/05/09

Peer review Dr. 08/12/08

Cervical MRI 07/15/05

EMG/NCS of upper extremities 03/22/06

Consultation request 07/18/07, 10/24/08

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female who was involved in a work related motor vehicle accident on xx/xx/xx. She had a lumbar spine evaluation by Dr. in 2005. A 07/15/05 lumbar MRI showed a broad based disc protrusion at L4-5 that was focally prominent within the left lateral neural foramen. There was moderate foraminal encroachment on the left. There was degenerative facet hypertrophic changes most pronounced at the L4-5 level. Dr. did not feel that the claimant had a surgical lesion.

The claimant continued to treat primarily for the neck and upper extremities. On 04/17/08 Dr. documented episodic lumbar and right hip pain. The claimant was taking Darvocet and Soma. On 05/14/09 Dr. performed an independent medical evaluation. Medications included Naproxen. On exam the claimant was markedly obese with no lumbar paraspinal muscle spasm or trigger points and no tenderness. Straight leg raise seated and supine was to 90 degrees. Patellar reflexes were 2/4 and Achilles reflexes were 1/4. Lower extremity sensation and strength were normal. Waddell testing showed appropriate responses.

The claimant returned to Dr. on 07/02/09 complaining of right hip pain and left heel pain. On exam the claimant had decreased sensation in the left first metatarsal. EHL strength was decreased on the right. Knee reflexes were normal and ankle reflexes were absent. The left calf was one half inch smaller than the right. The diagnosis was lumbar pain syndrome and the physician requested a lumbar MRI to see if there had been progression of the disc herniation at L4-5. The lumbar MRI was denied on peer review.

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

The records in this case do not support any recent injury or any recent verifiable neurological change, for which further imaging would be needed. The records in this case do not satisfy the ODG guidelines for MRI. The Reviewer would not be able to recommend the MRI as medically necessary based on the guidelines and the information provided.

Official Disability Guidelines Treatment in Worker's Comp, 14th edition, 2009 Updates. Low back.

MRI's (magnetic resonance imaging)

Recommended for indications below. MRI's are test of choice for patients with prior back surgery. Repeat MRI's are indicated only if there has been progression of neurologic deficit.

There is support for MRI, depending on symptoms and signs, to rule out serious pathology such as tumor, infection, fracture and caudal equina syndrome. Patients with severe or progressive neurologic deficits from lumbar disc herniation, or subjects with lumbar radiculopathy who do not respond to initial appropriate conservative care, are also candidates for lumbar MRI to evaluate potential for spinal interventions including injections or surgery. See also [ACR Appropriateness Criteria](#)TM. See also [Standing 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
- 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, caudal equina syndrome
- Myelopathy (neurological deficit related to the spinal cord), traumatic
- Myelopathy, painful

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)