Southwestern Forensic Associates, Inc.

REVIEWER'S REPORT

DATE OF REVIEW: 09/27/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Lumbar MRI scan with and without contrast

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:
D.O., duly licensed physician in the State of Texas, fellowship trained in Pain Management, Board Certified in Anesthesiology by the American Board of Anesthesiology with Certificate of Added Qualifications in Pain Medicine with over 22 years in the active and current practice of Pain Management

REVIEW OUTCOME:
"Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

___X__Upheld (Agree)

_____Overturned (Disagree)

_____Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:
1. Lumbar MRI scan report dated 01/24/06
2. Medical progress report from Dr. dated 08/26/09
3. Physician Adviser preauthorization reviews dated 08/27/09 and 09/03/09

INJURED EMPLOYEE CLINICAL HISTORY (Summary):
This claimant apparently suffered a slip-and-fall injury on xx/xx/xx. She subsequently underwent L4/L5 and L5/S1 fusion in May 2004 followed by placement of a spinal cord stimulator system in May 2007, which was subsequently explanted due to pain at the generator site. An MRI scan on 01/24/06 was performed with evidence of a mild disc protrusion at L3/L4 but no spinal canal or foraminal stenosis. Images at the L4/L5 and L5/S1 levels were, for the most part, largely obscured due to metallic artifact from fusion hardware at both of those levels. The radiologist noted no definitive evidence of disc protrusion or herniation nor of central canal or foraminal stenosis grossly at either of the

two levels. The radiologist also noted the difficult to differentiate between enhancing epidural scar or distortion of the epidural venous plexus based on the amount of metallic artifact from fusion hardware.

On 08/24/09 Dr. followed up with the claimant, noting that her spinal cord stimulator had, at some unspecified date, been removed. She complained of one month of bilateral hip and knee pain. Physical examination documented the claimant to be obese. There was nonspecific paraspinal lumbar tenderness bilaterally and nonspecifically limited range of motion in lumbar flexion. Dr. stated he needed to get an MRI scan to "help me further with treatment because she has not had new imaging since 2006." Two subsequent physician advisers recommended nonauthorization of the MRI scan request, citing ODG Treatment Guidelines and lack of any evidence of progressive neurologic deficit or new or acute neurologic findings on exam or disc pathology on prior imaging studies.

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

This claimant does not complain of any radicular pain nor does her physical examination document evidence of radiculopathy. She has had no progressive neurologic deficits. Based upon the fact that the spinal cord stimulator has been implanted and subsequently explanted, it is abundantly clear that the claimant would not be a candidate for any other treatment, as a spinal cord stimulator would not be implanted unless all other appropriate treatment modalities had already been tried and failed. Therefore, Dr. 's assertion that he needs an MRI scan to help him determine what treatment to provide this claimant is, quite simply, unfounded as there would be no valid medical expectation of a treatment option to appear as a result of another MRI scan. Moreover, it is abundantly clear, based on the MRI scan report from 2006, that an MRI scan for this specific claimant is a useless study based on the presence of metallic fusion hardware and the subsequent metallic artifact that hardware causes, making the reading of the MRI scan virtually impossible and without any valid clinical usefulness. In other words, since the MRI scan in 2006 could not be read with any accuracy due to metallic fusion hardware artifact, there is absolutely no reason to expect that an MRI scan performed now would be of any greater clarity or clinical usefulness. According to ODG Treatment Guidelines, repeat MRI scan is indicated only if there has been progressive neurologic deficit. Additionally, MRI scan is indicated to evaluate for suspicion of cancer or infection, conditions which are clearly not present in this case, or for low back pain with radiculopathy, a condition which is also not present in this case. Similarly, indications such as myelopathy are also not present in this case. Therefore, based upon the lack of ODG Treatment Guidelines support, lack of physical examination evidence of radiculopathy, lack of progressive neurologic deficits, and the clear evidence that an MRI scan would be of no clinical value based on the presence of metallic fusion hardware, there is no medical reason or necessity for repeating an MRI scan with and without contrast. Therefore, the recommendations of the two previous physician advisers for nonauthorization are upheld.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR DECISION:
(Check any of the following that were used in the course of your review.)

_____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.
___X__Medical judgment, clinical experience and expertise in accordance with accepted medical standards.
_____Mercy Center Consensus Conference Guidelines.
_____Milliman Care Guidelines.
__X___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 (provide a description).
_____Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)