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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Oct/02/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient MRI of the lumbar without contrast

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

M.D., 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

ODG Guidelines

Adverse Determination Letters, 08/28/09, 09/08/09

X-ray left hip, 04/23/08

Office notes, Dr. 05/06/08

Bone scan, 05/12/08

X-ray pelvis, 05/20/08

Office notes, Dr. 07/28/08, 07/28/08

X-rays pelvis, 05/20/08

MRI pelvis, 10/10/08

MRI lumbar, 10/10/08

Office note, Dr. 01/05/09, 05/14/09, 06/16/09

OR report, 05/01/09

Office note, PA-C, 07/28/09

X-ray, 04/23/08, 01/05/09

Dr. 05/20/08

Dr. 09/15/08, 10/06/08

Dr. 03/18/09, 04/20/09

Dr. 05/01/089

12/16/08

Dr. 04/16/09, 12/16/08

Therapy Reports /Request

Radiology Request

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female injured on xx/xx/xx when she fell onto her buttocks. She developed low back pain with left leg pain that did not respond to conservative measures. On 05/01/09 the claimant had an L5-S1 left hemilaminectomy and discectomy. The 05/14/09 post-operative note from Dr. reported the claimant was doing well. There was full strength and normal sensation with negative straight leg raise. Reflexes were normal. The claimant was given Norco and referred for therapy. On 6/16/09 Dr. noted the claimant had pain in the low back primarily but there was also some leg pain. The neurological examination was normal. The 07/28/09 note from the PAC reported that the claimant had bent over and developed pain in the bilateral lower extremities with intermittent toe numbness. The examination documented decreased right patella and left Achilles reflexes and give way weakness of the left hamstring. She had normal sensation. The impression was new acute back pain and leg pain and therapy, Lyrica and an MRI were recommended.

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

The MRI study cannot be justified as medically necessary at this time for this claimant.

The claimant does not have a progressive neurologic deficit that would warrant an MRI without attempting some conservative care as per the ODG. It appears that medications and therapy were recommended at the same time the MRI was ordered.

An MRI would only be recommended under the ODG in the absence of improvement with conservative measures or in the presence of a progressive neurologic deficit or other acute concern. The reviewer finds that medical necessity does not exist at this time for Outpatient MRI of the lumbar without contrast.

Official Disability Guidelines 2009 Low Back-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, cauda equina syndrome
- Myelopathy (neurological deficit related to the spinal cord), traumatic
- Myelopathy, painful
- Myelopathy, sudden onset
- Myelopathy, stepwise progressive

- Myelopathy, slowly progressive
- Myelopathy, infectious disease patient
- Myelopathy, oncology patient

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 REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)