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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Sep/04/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
MRI of the lumbar 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:

[X] Upheld (Agree)

[ ] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
OD Guidelines
CT cervical, 04/02/08
CT lumbar, 04/02/08
EMG/NCS, 10/07/08
Office note, Dr., 07/22/09
MD fax, 08/17/09

PATIENT CLINICAL HISTORY SUMMARY
This is a xx-year-old male claimant who reportedly sustained a fall on xx/xx/xx, which resulted in the onset of neck, arm, low back and leg pain. A cervical CT scan performed on 04/02/08 showed an anterior procedure C5 and C6 with compression plates and screws in good position; joint hypertrophy C5-6 and C6-7 narrowing the neural foramina; no acute fracture or unstable injury; and minimal posterior spurring and perhaps an annular bulge C4-5. A CT of the lumbar spine was also performed on 04/02/08, which revealed a disc protrusion L5- S1; bulge of the annulus L4-5; eccentric bulge of the annulus L3-4; facet joint space narrowing; and disc space thinning and retrolisthesis L5 upon S1. An EMG/ NCS followed on 10/07/08, which reportedly was abnormal and suggested bilateral C6 and C7 radiculopathy and bilateral C5 radiculopathy left.

A physician record dated 07/22/09 noted the claimant with neck, arm, low back and leg pain since the xx/xx/xx injury. The claimant was diagnosed with neck pain with possible right upper extremity radiculopathy, prior anterior cervical fusion C5-6, cervical spine degenerative joint disease and mild spondylosis C4-5 and C6-7. The claimant was also diagnosed with low back pain with possible right lower leg radiculopathy, mild L5- S1 spondylosis and mild lumbar levoscoliosis. A cervical and lumbar MRI was recommended along with EMG/NCS and physical therapy.

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

This case includes a CT scan of the cervical spine, nearly 1-½ years old with neuroforaminal impingement. Electrodiagnostics are positive in the upper extremities of the 07/22/09 note, which certainly suggest some neurologic deficits with diminished sensation in the upper extremity. This patient has undergone prior cervical surgery. The recommendation of an MRI of the lumbar spine would not meet the ODG criteria. There is no evidence of any form of lower extremity, neurologic deficits. The records do not outline prior low back surgery. There is certainly no evidence of myelopathy. As such the Reviewer would not be able to recommend as medically necessary the proposed lumbar MRI.

Official Disability Guidelines Treatment in Worker's Comp 2009 Updates,

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

[X] MEDICAL JUDGEMENT, 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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

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