



Notice of Independent Review Decision

DATE OF REVIEW: 09/28/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Repeat lumbar MRI scan without contrast

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., Board Certified in Orthopedic Surgery

REVIEW OUTCOME:

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

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. TDI case assignment
2. Letters of denial, 08/24/09 and 06/25/09
3. Evaluations, 11/11/08 and 08/19/09
4. Electrodiagnostic interpretation, 08/14/07
5. Radiology report, 01/09/06
6. Neurosurgeon evaluation, 06/05/09

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
722.93			<i>Prosp.</i>		08/21-08/24/09				<i>Upheld</i>
724.5	72148		<i>Prosp.</i>		08/21-08/24/09				<i>Upheld</i>
722.93			<i>Prosp.</i>		06/15-06/25/09				<i>Upheld</i>
724.5	72148		<i>Prosp.</i>		06/15-06/25/09				<i>Upheld</i>
722.93			<i>Prosp.</i>		06/01-06/04/09				<i>Upheld</i>
724.5	72148		<i>Prosp.</i>		06/01-06/04/09				<i>Upheld</i>

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient has a long-standing lumbar spine injury dating back to xxxx with chronic low back pain and L5/S1 radiculopathy. The patient recently saw a neurosurgeon for increased low back pain, and the patient had evidence of diffusely diminished reflexes in both lower extremities as well as decreased right L5/S1 sensory radiculopathy. Deep tendon reflexes exam was nonspecific. Motor exam was normal. The neurosurgeon requested an updated MRI scan because his last MRI scan was done in 2006. That previous MRI scan did show facet arthrosis impinging on the L5/S1 nerve roots. No documented change in neurologic examination has been provided in the medical records

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

The patient has established L5/S1 lumbar radiculopathy and facet arthrosis causing nerve

root impingement. No significant neurological changes or deterioration have occurred that would warrant a new MRI scan. The diagnosis has been established. Therefore, as per ODG Guidelines, a new MRI scan is not medically reasonable or necessary.

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.
 - Medical judgment, 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 national accepted medical literature (OKU Spine).
 - Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)
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