

SENT VIA EMAIL OR FAX ON
Sep/02/2009

Pure Resolutions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Sep/02/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
MRI Lumbar; X-Ray Lumbar

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
Operative report, Dr. 08/20/03
Office notes, Dr. 04/22/09, 04/28/09
Letter, Dr. 04/28/09
Office note, Unknown provider, 06/03/09
Office notes, Dr. 06/22/09, 07/20/09
Peer review, Dr. 07/13/09
Peer review, Dr. 07/29/09

PATIENT CLINICAL HISTORY SUMMARY

This is a female who is status post an L3-S1 fusion in 2003. Reportedly, the claimant delivered a baby in 2006 with gradual progression of pain and numbness complaints thereafter. Dr. evaluated the claimant on 06/22/09 for persistent low back pain, left lower extremity pain, numbness, tingling and weakness to the left leg. The examination revealed

deep tendon reflexes hypoactive on the left knee and left ankle, sensory loss at the L4, L5 and S1 dermatome on the left, a positive straight leg raise at 60 degrees on the right and 40 degrees on the left and a positive Patrick's test bilaterally with the left more affected. The diagnoses were: chronic low back pain, post laminectomy syndrome, left radiculopathy and pseudoarthrosis versus junction stenosis. Dr. evaluated the claimant on 07/20/09. The examination was unchanged. The claimant has been treated with Ultracet, Soma, Tramadol and Naproxen.

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

It would be reasonable for radiographs and MRI of the lumbar spine based on the information reviewed. Guidelines support, radiographs and MRI for claimants with low back pain and radiculopathy after a month of conservative care. Records suggest that the claimant has undergone conservative care with medications, and physical therapy. The claimant underwent a prior lumbar fusion with surgeries in 2001 and 2003. There is no indication that the claimant has undergone recent studies. The claimant, by exam, has a positive straight leg raise, as well as a report of a sensory loss at the L4-5 and S-1 dermatome on the left. It would be reasonable therefore to evaluate these complaints given the failure of conservative measures and the lack of recent diagnostic studies with the history provided.

Official Disability Guidelines Treatment in Workers' Comp 2009 Updates, Chapter low back, MRI and radiographs

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

Indications for imaging -- Plain X-rays:

- Thoracic spine trauma: severe trauma, pain, no neurological deficit
- Thoracic spine trauma: with neurological deficit
- Lumbar spine trauma (a serious bodily injury): pain, tenderness
- Lumbar spine trauma: trauma, neurological deficit
- Lumbar spine trauma: seat belt (chance) fracture
- Uncomplicated low back pain, trauma, steroids, osteoporosis, over 70
- Uncomplicated low back pain, suspicion of cancer, infection
- Myelopathy (neurological deficit related to the spinal cord), traumatic
- Myelopathy, painful
- Myelopathy, sudden onset
- 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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)